



## *HEALTH PERMIT APPLICATION*

**ESTABLISHMENT NAME:**

\_\_\_\_\_

**PHYSICAL ADDRESS OF ESTABLISHMENT:**

\_\_\_\_\_

**TYPE OF FOOD ESTABLISHMENT SERVES:**

\_\_\_\_\_

\_\_\_\_\_

**CONTACT INFORMATION:**

CONTACT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

**SEND RENEWAL NOTICE TO:**

CONTACT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

For Office Use Only

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Date Issued \_\_\_\_\_

Permit # \_\_\_\_\_