

Food Establishment Permit Application

Project Information	Permit #: _____
Business Name: _____	
Business Address: _____ Hours of Operation: _____	
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Owner <input type="checkbox"/> Change of Name (Previous Name: _____)	
Type of Food Service: <input type="checkbox"/> Restaurant <input type="checkbox"/> Grocery <input type="checkbox"/> Day Care <input type="checkbox"/> Convenience Store <input type="checkbox"/> School <input type="checkbox"/> Seasonal	
<input type="checkbox"/> Nursing Home <input type="checkbox"/> Other <input type="checkbox"/> Mobile Vendor List Type: _____	
Vehicle Name/Model: _____ VIN: _____	
Proof of Insurance: _____ Tag #: _____	

Owner Information	
Company Name: _____	Contact Person: _____
Street Address: _____	
Phone Number: _____	Mobile Number: _____ Email Address: _____

Tenant Information	
Company Name: _____	Contact Person: _____
Street Address: _____	
Phone Number: _____	Mobile Number: _____ Email Address: _____

Provide Following Information on Establishment	
Number of Employees: _____	Seating Capacity: _____ Square Footage: _____
# of Certified Food Service Handlers: _____	# of Certified Food Service Managers: _____
Does the Establishment have a Grease Trap? _____ If yes, capacity: _____ lbs.	
Grease Trap Service Company: _____	
Is this a non-smoking establishment: _____	
If no, what is seating capacity for sections: Non-Smoking Section: _____ Smoking Section: _____	

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, all provisions of the City Ordinances and State Laws will be complied with, whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the above establishment or authorized employee. Permission is hereby granted to enter premises and make all inspections.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Permit Fee: _____

Received By: _____

Check or Cash: _____

Approved By: _____

Date Issued: _____

Expiration Issued: _____

BV Project #: _____