# Application for a Department of Health Food Establishment Permit

## Establishment Information

<table>
<thead>
<tr>
<th>*Printed on permit</th>
<th>Establishment*</th>
<th>Owner*</th>
<th>Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Specific location, mobile unit etc. where product will be sold or distributed. (e.g. &quot;Main Street Grill&quot;)</td>
<td>Association, corporation, individual, partnership, or other legal entity. (e.g. &quot;MSG Partners, LLC&quot;)</td>
<td>Person directly responsible for establishment, local point of contact. (e.g. &quot;John Doe – Manager&quot;)</td>
</tr>
</tbody>
</table>

- **Name:**
- **Address:**
  - Bill this establishment at: [ ]
  - Billing Address
- **Phone:**
- **Mobile:**
- **Email:**

- **Owner is:**
  - [ ] Association
  - [ ] Corporation
  - [ ] Partnership
  - [ ] Individual
  - [ ] Other: ____________________

- **Owner is:**
  - [ ] Association
  - [ ] Corporation
  - [ ] Partnership
  - [ ] Individual
  - [ ] Other: ____________________

**Attach a list (names, titles & addresses) of the persons comprising legal ownership including owners & officers; local resident agent if applicable**

**Name/title/contact info of Applicant’s immediate supervisor (e.g. regional supervisor, district manager, etc.) if applicable:**

<table>
<thead>
<tr>
<th>Establishment Type</th>
<th>Application Type</th>
<th>Dates &amp; Times of Operation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>[ ] Restaurant</td>
<td>[ ] Renewal</td>
<td>Sun.</td>
<td>[ ] Year-round [ ] Seasonal</td>
</tr>
<tr>
<td>[ ] Mobile</td>
<td>[ ] Permit #</td>
<td>Mon.</td>
<td>[ ] Dates:</td>
</tr>
<tr>
<td>[ ] School</td>
<td>[ ] Change of Ownership***</td>
<td>Tue.</td>
<td>Total # Seating</td>
</tr>
<tr>
<td>[ ] Child Care</td>
<td>[ ] New Establishment***</td>
<td>Wed.</td>
<td>Indoor: Outdoor:</td>
</tr>
<tr>
<td>[ ] Continental Breakfast</td>
<td>[ ] Remodel***</td>
<td>Thu.</td>
<td>Smoking</td>
</tr>
<tr>
<td>[ ] Adult/Group Home</td>
<td></td>
<td>Fri.</td>
<td>[ ] Prohibited [ ] Allowed</td>
</tr>
<tr>
<td>[ ] Other</td>
<td></td>
<td>Sat.</td>
<td>[ ] Allowed w/ Restrictions</td>
</tr>
</tbody>
</table>

- **Establishment Type:**
  - [ ] Fast Food
  - [ ] Carry Out

- **Application Type:**
  - [ ] Renewal
  - [ ] Change of Ownership***
  - [ ] New Establishment***
  - [ ] Remodel***

- **Dates & Times of Operation:**
  - Sun.
  - Mon.
  - Tue.
  - Wed.
  - Thu.
  - Fri.
  - Sat.

- **Smoking:**
  - [ ] Prohibited
  - [ ] Allowed
  - [ ] Allowed w/ Restrictions

### Health Department Use Only

- **Amount Paid $ ____________________**
- **Receipt # ____________________**
- **Cash [ ] [ ] Credit Card [ ] [ ] Check # ____________________**
- **EHD: [ ] Entered [ ] Scanned [ ] Payment OSS: ____________________**
- **Date Rec’d ____________________**

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**Food Establishment Application**

**Rev 12/09/2022**
I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: __________________________________________ Title: _______________________________________

Print Name: __________________________________________ Date: ______________________________