

APPLICATION FOR FOOD SERVICE/HEALTH PERMIT

Type of Application: New Facility Permit Renewal (Annual)

Type of Establishment: Building Mobile

Application for New Facilities shall be accompanied by:

1. Building Permit No. _____
2. OSSF Permit No. _____
3. Complete set of Blue Prints

<u>Permit Fees</u>	
1000 sq. ft. and under	\$150.00
Over 1,000 sq. ft.	\$300.00

Name of Establishment: _____

Address of Establishment: _____

Phone: _____ Owners/Corporation Name: _____

Address: _____ Phone: _____

Email Address (required): _____

Hours of Operation: _____ Number of Shifts: _____

Employees Per Shift: _____ Building Square Footage: _____

FOOD SERVICE PROVIDED: Provide information on types of food prepared or served. (A copy of your menu will satisfy this requirement.)

Signature of Applicant: _____ Date: _____

FOR DEPARTMENT USE ONLY

DATE OF ISSUE: _____ DATE OF EXPIRATION: _____

COMMENTS:

SIGNATURE OF SANITARIAN: _____ DATE: _____