



# HEALTH PERMIT APPLICATION

(Call office for fee schedule)

NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_ FEE: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OWNER (Name, Address & Phone): \_\_\_\_\_

MANAGER (Name, Address & Phone): \_\_\_\_\_

**TYPE OF ESTABLISHMENT:**

Restaurant _____	Mobile Vendor _____	Concession area _____	Day Care Centers _____
School Cafeteria _____	Nursing Home _____	Bed & Breakfast _____	Seasonal (sno-cones) _____
Grocery Store (produce/dry goods) _____	Deli _____	Bakery _____	Convenience Store _____

**CERTIFIED MANAGER**

**EXPIRATION DATE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GREASE TRAP SIZE: \_\_\_\_\_ gallons      FREQUENCY OF SERVICE: \_\_\_\_\_

SERVICED BY: \_\_\_\_\_

**MOBILE VENDORS:** (Attach copy of Solicitors Permit from Police Department, & State Comptroller's Tax ID) (Mobile vendors may only operate 3 consecutive days at one location.)

**TYPE OF VEHICLE:** \_\_\_\_\_ **LICENSE #:** \_\_\_\_\_

**LOCATION OF KITCHEN OR WAREHOUSE (If off-site):** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**