

APPLICATION FOR FOOD SERVICE/HEALTH PERMIT

Circle One: **New Facility** or **Permit Renewal (each year)**

Applications 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>	
1,000 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: _____

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: _____