

FOOD ESTABLISHMENT PERMIT APPLICATION

Establishment Name:	
Establishment Address:	
Establishment Mailing Address:	
Establishment Telephone #:	Fax #:
Applicant Name & Title:	
Applicant Address:	
Applicant Telephone #	Emergency Phone #
Owner Name & Title:	
Owner Address:	
Establishment Owned By:	
<input type="checkbox"/>	An Association
<input type="checkbox"/>	A Corporation
<input type="checkbox"/>	An Individual
<input type="checkbox"/>	A Partnership
<input type="checkbox"/>	Other Legal Entity: _____
If Corporation or Partnership, please fill in information of Officers or Partner:	
Name & Title:	_____
Home Address:	_____
Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager)	
Name & Title:	_____
Address:	_____
Telephone #:	_____ Fax # _____
Emergency Telephone #:	_____ E-Mail _____
District or Regional Supervisor (if applicable)	
Name & Title:	_____
Address:	_____

PLEASE COMPLETE BACK OF FORM