

APPLICATION FOR FOOD SERVICE/HEALTH PERMIT

Circle One: **New Facility** or **Permit Renewal (annual)**

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: _____

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: _____