

DEPARTMENT FOR PUBLIC HEALTH
 APPLICATION FOR PERMIT OR LICENSE


Application for permit/license to operate a: _____

Facility Profile: Permit/License Fee _____ Inspection Fee _____ Total _____

 Date Paid: _____ Check ☐ Cash ☐ Money Order ☐

Establishment No.: _____ Program: _____ County: _____

 Action: ☐ New ☐ Change ☐ Deleted ☐ Reactivate

 Status: ☐ Active ☐ Inactive ☐ Hold ☐ No. App ☐ Suspended

Sanitarian Number: _____ Inspection Interval: _____ Type of Est.: _____

 Type of Service: ☐ Sit Down/Full ☐ Cafeteria/Continental ☐ Carry-Out/Retail Market

☐ Caterer (Comm.) ☐ Interstate Conveyance ☐ No Service Type

 Water Supply: ☐ Public ☐ Private ☐ Other Sewage: ☐ Public ☐ Private ☐ Other

Federal ID: _____ Census Tract: _____

TO BE COMPLETED BY APPLICANT – PLEASE PRINT LEGIBLY

Name of Establishment: _____

Sort Name (Leave Blank): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone # _____

Owner's Name: _____ Last 4 SSN _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____ Phone # _____

 Military status: ☐ Active Duty ☐ Reserves ☐ National Guard ☐ Honorably Discharged Veteran

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for permits or licenses.

Applicants Signature: _____ Date: _____

Establishment GPS Coordinates

Latitude _____
DEG MIN SEC

Longitude _____
DEG MIN SEC

Quantity 1	Unit Measure	
	Machines	A
	Mobile Home Spaces	M
	Rooms	R
	Seats	S
	Trucks	T
	Gallons	G
	Boarders/Beds	B

Quantity 2	Unit Measure	
	Commissaries	C
	RV Spaces	V
	Feet	F
	Male Student	M
	Female Students	E
	Residents	R
	Square feet	Q

Catering Operation ☐ Drive Through Window ☐ Variance ☐ Planned Construction No. _____

Language: _____ Menu Type: _____ Risk Type: _____

State Owned ☐ Fee Paying ☐ WIC ☐ Print Permit ☐ Roster ☐ Truck Only ☐

Home County _____ Group ID _____

Pool Information Type: ☐ Indoor ☐ Outdoor ☐ Continuous TOR _____

Disinfectant type: _____ Pump: _____ Filter: _____

Bond Information

Insurance Company ☐ Individual ☐ Bond Needed ☐ Not Required ☐ Cancelled ☐

SEPTIC TANK TRUCKS

Number	Make	Model	Year	Capacity

Construction Plan Approval ☐ New or Additional Plumbing Construction Approval ☐

By: _____

Health Authority: _____ Date: _____