

APPLICATION FOR RETAIL FOOD ESTABLISHMENT

Temporary Food Facility (\$105) Cottage Food (Class A) (\$75) Cottage Food (Class B) (\$180)
Permanent Facility (\$240) Mobile Food Facilities (\$210) Plan Check Required: Yes/No

Name of Establishment _____

Name of Owner _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Bus. Phone _____

Name of Manager/Operator (if different from above) _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Bus. Phone _____

Type of Facility (**Restaurant, Bar, Market, Etc.**) _____

Number of Employees _____

Hours of Operation _____

Water Supply (**Well, Public, Etc.**) _____

Sewage Disposal (**Septic, Public, Etc.**) _____

Brief Description of Operation _____

Personal Completing Manager Certification Examination

Name _____ Exam _____ Expiration _____

*Copy of establishment's proposed Menu must also be submitted with this application.

Name of Person Filling Out This Form _____

By signing this form I understand that I will be subject to all applicable County fees and State statutes.

Signed _____ Date _____

Environmental Health Department Approval

Water Supply _____ Date _____

Sewage Disposal _____ Date _____

Establishment _____ Date _____

This form is not to be used as an Approved Food Source Application.