Food Establishment Permit Application

Permit Number (for District Use Only): ______________________________ Application Date: ________________

This form **MUST** be complete prior to a Health Permit being issued

**TYPE OF ESTABLISHMENT:**

- CAFETERIA ($500.00)
- CONCESSION ($50.00)
- FOOD TRUCK/CART ($100.00)
- PRIVATE ($500.00)
- SCHOOL/CITY ($0.00)
- POSTAGE & HANDLING ($5.00) (Permit placard must be picked up at DCFWSD 1-A Office, if fee not paid)

**PLEASE INDICATE PREFERRED MAILING ADDRESS BY CHECKING BOX NEXT TO BUSINESS NAME OR OWNER**

**BUSINESS NAME:**

**CONTACT PERSON:**

STREET ADDRESS: ________________________________ SUITE #: KIOSK #:

CITY: __________________________ STATE: __________ ZIP: __________________________

PHONE: __________________________ EMAIL: __________________________

**OWNER (INDIVIDUAL OR CORPORATION):**

**CONTACT PERSON:**

STREET ADDRESS: ________________________________ SUITE #: KIOSK #:

CITY: __________________________ STATE: __________ ZIP: __________________________

PHONE: __________________________ EMAIL: __________________________

PLEASE LIST CORPORATE OFFICER NAME, INCLUDING COMPLETE ADDRESS BELOW:

(1) CORPORATE OFFICER:

STREET ADDRESS: ________________________________

CITY: __________________________ STATE: __________ ZIP: __________________________

All information in this application, is true to the best of the applicant’s knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable DCFWSD 1-A policies or State laws. Permits are non-transferable and subject to late fee when received after expiration date.

APPLICANT NAME (PRINTED) __________________________ SIGNATURE __________________________ DATE __________________________