

## 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:

|   |   |  |
|---|---|--|
| <input type="checkbox"/> CAFETERIA (\$500.00)   | <input type="checkbox"/> CATERING (\$500.00)          | <input type="checkbox"/> COMMISSARY (\$500.00)       |
| <input type="checkbox"/> CONCESSION (\$50.00)   | <input type="checkbox"/> CONVENIENCE STORE (\$250.00) | <input type="checkbox"/> DAY CARE (\$300.00)         |
| <input type="checkbox"/> FOOD TRUCK/CART (\$100.00)   | <input type="checkbox"/> GROCERY STORE (\$650.00)     | <input type="checkbox"/> KIOSK (\$200.00)            |
| <input type="checkbox"/> PRIVATE (\$500.00)   | <input type="checkbox"/> RESTAURANT (\$650.00)        | <input type="checkbox"/> OTHER (\$500.00) List Below |
| <input type="checkbox"/> SCHOOL/CITY (\$0.00)   | <input type="checkbox"/> TEMPORARY (\$50.00)          |  |
| <input type="checkbox"/> 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\*\*

|   |
|---|
| <input type="checkbox"/> BUSINESS NAME:   |
| CONTACT PERSON:   |
| STREET ADDRESS: <span style="float: right;">SUITE #/ KIOSK #:</span>                          |
| CITY: <span style="margin-left: 150px;">STATE:</span> <span style="float: right;">ZIP:</span> |
| PHONE: <span style="margin-left: 150px;">EMAIL:</span>  |

|   |
|---|
| <input type="checkbox"/> OWNER (INDIVIDUAL OR CORPORATION):                                   |
| CONTACT PERSON:   |
| STREET ADDRESS: <span style="float: right;">SUITE #/ KIOSK #:</span>                          |
| CITY: <span style="margin-left: 150px;">STATE:</span> <span style="float: right;">ZIP:</span> |
| PHONE: <span style="margin-left: 150px;">EMAIL:</span>  |

PLEASE LIST CORPORATE OFFICER NAME, INCLUDING COMPLETE ADDRESS BELOW:

|   |
|---|
| (1) CORPORATE OFFICER:  |
| STREET ADDRESS:   |
| CITY: <span style="margin-left: 150px;">STATE:</span> <span style="float: right;">ZIP:</span> |

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