



2009 FOOD APPLICATION

Business Name: _____

Business Address: _____

Business Phone Number: _____ Business Fax Number: _____

Business Owner: _____ Phone Number: _____

Business Manager: _____ Phone Number: _____

Operation Days & Hours: _____ Business Age under Current Owner: _____

Please check the appropriate blanks that apply to your food business:

- | | | | |
|--------------------------|---|------------|---|
| <input type="checkbox"/> | APPLICATION FEE (New Business or Change of Ownership) | \$50.00 | Plus item marked below |
| <input type="checkbox"/> | PLAN REVIEW (New or Remodel) | \$100.00 | (Can be charged with building permits) |
| <input type="checkbox"/> | ANNUAL FOOD SERVICE | \$200.00 + | \$5.00 x ____ (number of employees) |
| <input type="checkbox"/> | GROCERY STORE / CONVENIENCE STORE | \$200.00 + | \$5.00 x ____ (number of employees) |
| <input type="checkbox"/> | DELI (within a grocery store) | \$150.00 | Additional to store fee |
| <input type="checkbox"/> | MEAT MARKET (within a grocery store) | \$150.00 | Additional to store fee |
| <input type="checkbox"/> | BAKERY (within a grocery store) | \$150.00 | Additional to store fee |
| <input type="checkbox"/> | SEAFOOD (within a grocery store) | \$150.00 | Additional to store fee |
| <input type="checkbox"/> | PROCESSED PRODUCE (within a grocery store) | \$150.00 | Additional to store fee |
| <input type="checkbox"/> | MOBILE / CATERING FOOD UNIT | \$150.00 | Per unit (do not add <i>annual food service</i>) |
| <input type="checkbox"/> | SEASONAL (Snow cone stand, fruit stand, etc.) | \$100.00 | (do not add <i>annual food service</i>) |
| <input type="checkbox"/> | DAY CARE | \$200.00 | (do not add <i>annual food service</i>) |
| <input type="checkbox"/> | TEMPORARY FOOD | \$50.00 | Per booth – 1 st day (don't add <i>application fee</i>) |
| | License plate of trailer: _____ | \$15.00 | For each additional day |

NAME PRINTED: _____

SIGNATURE: _____

DATE: _____

TOTAL AMOUNT DUE \$ _____

FOR OFFICE USE ONLY:

Received by: _____

Date Paid: _____

Permit Fee Amount: _____

Receipt Number: _____