



HEALTH FOOD APPLICATION

DATE: _____ APPLICANT NAME: _____

ESTABLISHMENT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

NUMBER OF EMPLOYEES: _____

PLEASE CHECK ONE:

(A SEPARATE PERMIT FEE AND APPLICATION IS REQUIRED FOR EACH OPERATIONAL FUNCTION)

- RETAIL/CONVENIENCE STORE MEAT MARKET DELI SEA FOOD
 BAKERY RESTAURANT SCHOOL CAFETERIA HOTEL SEASONAL

MAIN OFFICE/OWNER INFORMATION

NAME: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

FOOD ESTABLISHMENT CLASSIFICATION: _____ (PLEASE SEE BELOW FOR CLASSIFICATION TYPES)

CLASS 1A – Shall include but not be limited to full-service restaurants with dining area, and supermarkets without a deli/bakery located in the store. **FEE: \$425**

CLASS 2A – Shall include but not be limited to supermarkets with a deli/bakery located in the store, deli/bakery located in supermarkets, fast food establishments, small retail establishments (such as convenience stores, variety stores, video stores, mobile vendors, etc.), day care facilities and schools (private and public). **FEE: \$250**

CLASS 3A – Shall include but not be limited to seasonal establishments. **FEE: \$175**

***PLEASE PROVIDE A COPY OF MENU ALONG WITH THIS APPLICATION. ***

Revised 09-2019