



FOOD SERVICE PERMIT
PLEASE PRINT CLEARLY

Date: _____

Business Name: _____ Phone Number: _____

Address: _____ City _____ State: _____ Zip: _____

Type of Business: _____ # of Employees _____

Owner/Officer Name: _____ Title: _____

Officer of the company is the President, Vice President, CEO, or Corporate Secretary. This person will be held responsible for seeing that the business is in compliance with the Town codes and ordinances.

YOU MUST ATTACH A COPY OF YOUR CURRENT STATE DRIVER'S LICENSE

Address: _____ City _____ State: _____ Zip: _____

Office Number: _____ Fax: _____ Cell: _____

Email Address: _____

Any changes to the owner or manager, you must submit a new application to the Building Official within ten (10) days of any change in ownership or management. Note: A name change or change of ownership requires a certificate of occupancy and an inspection by the Building Division and Fire Dept. before the utilities can be released.

Signature

Title

OFFICE USE ONLY

Fee: _____ Approval Date: _____ Permit Number: _____

Comments: _____

Health Authority Signature _____