

ANNUAL APPLICATION FOR RETAIL FOOD ESTABLISHMENT PERMIT

Please complete the information requested and return with the required fee (\$50.00) payable to the Noble County Health Department. Please enclose a stamped, self addressed envelope for the return of your license and receipt.

NAME OF FOOD OPERATION _____

RENEWAL LETTER MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

PERMIT MAILING ADDRESS _____
(if different from above)

PHONE NO. _____ FAX NO. _____

LOCATION OF ESTABLISHMENT _____

NAME OF BUSINESS OWNER _____

OWNER'S ADDRESS _____

PHONE NO. _____ FAX NO. _____

CHECK ONE: FOOD SERVICE _____ FOOD MARKET _____ DO YOU CATERER? _____
YES OR NO

IS THIS A CHANGE OF OWNERSHIP? _____ IF SO, PREVIOUS NAME OF ESTABLISHMENT _____

LIST DAYS AND HOURS OF OPERATION _____

FOODS TO BE SERVED _____

DATE

SIGNATURE OF APPLICANT

Office use: Receipt No. _____ issued _____