

## 2019 SUPPLEMENTAL APPLICATION

**THIS DOCUMENT MUST BE COMPLETED PRIOR TO PROCESSING PERMIT FEES**

Name of Establishment: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

Owner of Establishment \_\_\_\_\_

Management Company \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Days of the Week Closed: \_\_\_\_\_

**PERMIT FOR:**

Fixed Food Establishment (Ex. Restaurant/Bar/Food/Caterer/Processor)

- Type:  Limited Food Manufacturer     Fast Food     Full Service  
 Convenience Market     Caterer     Grocery  
 Institutional (Assisted Living, Child Care Center, Hospital Kitchen)  
 Other: \_\_\_\_\_

Square footage: \_\_\_\_\_

School Lunch Program  Yes  No

Mobile Unit- Type

Public/Semi-Public Pool/Spa    Pool Heated:  Yes  No; Months of Operation \_\_\_\_\_

Hotel/Motel/Tourist Court/Guest Ranch/Bed & Breakfast)    Food Service  Yes  No

Mobile Home/Recreational Vehicle Park (R.V. Park)    Number of Spaces \_\_\_\_\_

Other: \_\_\_\_\_

Meals Served:  Breakfast     Lunch     Dinner     Other: \_\_\_\_\_

Cuisine Type:  American     Mexican     Italian     Chinese  
 Indian     Greek     Other: \_\_\_\_\_

Name of Owner/Operator (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Establishment Permit Number: \_\_\_\_\_

Review Required: \_\_\_\_\_

District Number: \_\_\_\_\_

Establishment Permit Type: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date Processed: \_\_\_\_\_