

Expires yearly April 30th
Fee \$75.00 per year

For Office Use Only
Customer No. _____
C of O _____

**HEALTH LICENSE APPLICATION (FOOD)
Ordinance 8**

CONFIDENTIAL

Business Name: _____
Business Address: _____
Business Phone: _____ Fax Number: _____

Owner's Name: _____
Home Address: _____
City, State & Zip: _____
Home Phone: _____ Emergency Number: _____

OR

Corporate Name: _____
Billing Address: _____
City, State & Zip: _____
Corporate Phone: _____ Fax: _____

Signature of Applicant

Date

PLEASE: Include copy of Business owner's Drivers License