

Permit # _____



HEALTH PERMIT APPLICATION

Date: _____

Business: _____ Phone Number: _____

Type of Business: _____

Business Address: _____

City, State, Zip: _____

Applicant (please print): _____ Phone Number: _____

Address: _____ Fax: _____

Building Owner: _____

Address: _____ Fax: _____

Special Notes: _____

Signature of Applicant

Date

Permit Accepted (does not guarantee approval)

Date

Approval (City Representative)

Date

Fees: \$200.00 Application Fee (one time only – nonrefundable)
 \$150.00 Annual Permit Fee
 \$200.00 Two (2) Yearly Inspections (\$100 each inspection)

Total Paid \$ _____

CASH / Check # _____

Date

Permit #: _____