



Telephone 580-7175

APPLICATION/FOOD PERMIT (NOT TRANSFERABLE)

***** PLEASE FILL IN ALL STARRED AREAS *****

Filing Fee _____ Decal # _____

Fee _____ Vehicle Reg. # _____

Seating Capacity _____ TYPE OF BUSINESS _____ Area _____ Sq. Ft.

Date of Issue _____ Date of Exp. _____

*** Owner _____
(Corp. Name if Incorporated)

*** Address _____
(Corp. Name if Incorporated)

*** Telephone Number _____

*** DOING BUSINESS AS _____
Name

Address

Telephone Number

ONLY IF INCORPORATED

President _____
Name Address Tele. #

Treasurer _____
Name Address Tele. #

Clerk _____
Name Address Tele. #

CORPORATION'S MAIN OFFICE _____
Address Tele. #

*** APPLICANT'S NAME _____ TITLE _____
Print

*** APPLICANT'S SIGNATURE _____ DATE _____