



FOOD ESTABLISHMENT LICENSE APPLICATION

ESTABLISHMENT INFORMATION

Name of Food Establishment: _____ Date of Application: _____

Address: _____

Phone #: _____ Fax #: _____

TYPE OF ESTABLISHMENT- Please check the appropriate box.

A. Restaurant & Drinking/Eating Establishment:

- With 0-49 seats \$100.00
- With 50-100 seats \$150.00
- With 101 + seats \$350.00

B. Retail Food Market, Grocery Store \$175.00

C. Retail Food Market or Grocery Store with restaurant \$225.00

D. Bakery/ Confectionary \$100.00

E. Convenience Store/ Gas Station \$100.00

F. Tribal Programs \$0

Please indicate service type even if you are exempt from fees

***Each license is good for 1 fiscal year (October 1- September 30).**

INSURANCE REQUIREMENTS

A "Certificate of Insurance" copy will be required from each food establishment before application will be accepted.

Fees must be paid at time of application. If the fee is not paid no license will be issued.

I hereby certify that the statements I have made in answer to the questions asked hereon are true and correct to the best of my knowledge and belief.

Misrepresentations or omissions of information provided by the applicant may result in suspension or revocation of this license.

Print Name

Signature

Date

For Office Use Only:

Application rec'd by:	
_____ Name	_____ Date
Fee Amount Paid: _____	If none, explain: _____
License Number: _____	Date Issued: _____
Expiration Date: _____	
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>