

Application for Permit to Operate or Certificate of Sanitation

□ Ownership Change □ New Installation			tallation	\square Reclassification			☐ Record Purpose	
Business N	lame:			Business Lice	ense #:			
Business A	ddress:							
Cross Stree	et:			Business Ph	one #:			
Main Cont	act:			December 5 February 11				
□Sole Ow	ner	\square Partners	hip	\square Corporation		\Box LLC		
Permit to I	be Issued in	Name(s) of: (Speci	fy business name, B	Business Owner or Pr	incipal (Officers)		
Owner/Co	rporation Ma	ailing Address:						
Emergency Contact			Ow	ner Phone #:				
& Phone #:		Alternate Phone #:						
# of Toilets	5:		Sq. Ft.					
			Signature(s) of A					
X			Х					
Х			Х					
*If Partners	hip, all partne	ers must sign. If Corp	oration, authorized O	fficer must sign.				
For Department of Public Hea				lealth Office Use Only			ndry Machines	
		Tor Department	or r abile ricaren or	nee ose omy				
Special Note	es:	Tor Department	or r abile rication or	nee ose omy		Total #	Washers:	
Special Note	es:	To Department				Total # Dryers:	Washers: Extractors:	
Food Safety	es: / Certificate R O Certifying A	equired:	Certificate #	Certified Person:	Exp. [Dryers:		
Food Safety □Yes □No	/ Certificate R	equired: gency:				Dryers: Date:	Extractors:	
Food Safety □Yes □No	Certificate R	equired: gency:	Certificate # Fire Dept. Referral:	Certified Person: DBI Referral:		Dryers: Date:	Extractors: Filing Fee:	
Food Safety Yes No Advertising 8 To the Dire After havir I recomme	Certificate R Certifying A Posting Fee: ector of Publing made a ca	equired: gency: Zoning Referral: ic Health: ireful inspection in	Certificate # Fire Dept. Referral: Inspector's the above case on anit to operate	Certified Person: DBI Referral:	Out o	Dryers: Date: f Business N	Extractors: Filing Fee: Notification:	
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