**Food Premise Operating Permit**

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| --- | --- |
| **Facility Name:** | {{BLAccountName}} |
| **Facility #:** | {{BLAccountId}} |
| **Facility Address:** | {{BLAccountPhysicalAddress}} |
| **Owner:** | {{BLOrganizationName}} |
| **Facility Category:** | {{AccountCategoryL1}}, {{AccountCategoryL2}},  {{AccountCategoryL3}} |
| **Operation Start Date:** | {{BLAccountOperationStartDate}} |
| **Licence Plate #:** | {{BLAccountLicensePlate}} |
| **Approved Menu:** | {{BLAccountApprovedMenu}} |

**Conditions on Permit:**

|  |  |
| --- | --- |
| **Permit #:** | {{BLIdentifier}} |
| **Permit Effective Date:** | {{BLPeriodStart}} |
| **Licensing Officer:** | {{BLAOwnerName}} |
| **Health Authority:** | {{BLAccountFacilityHAName}} |