



HEALTH DEPARTMENT

PERMIT APPLICATION

GENERAL INFORMATION

Establishment Name: _____

Owner(s) Name(s): _____

Establishment Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Establishment Phone: _____ Owner(s) Phone(s): _____

Email Address(es): _____

ESTABLISHMENT TYPE

Check all that apply*

RESTAURANT/ FSE 0-20 SEATS	RESTAURANT/ FSE 21+ SEATS	BAKERY	CATERING SERVICE	DELICATESSEN	FOOD/ICE PROCESSING/ MFG
MEAT MARKET	RETAIL FOOD <5,000	RETAIL FOOD ≥5,000	DAYCARE OR SCHOOL 0-12 CHILDREN	DAYCARE OR SCHOOL 13+ CHILDREN	MOBILE FOOD EST

*See attached Schedule of Fees. Fees due by the 1st day of July each year.

Total Fee: \$ _____

Applicant's Signature: _____ Print Name: _____ Date: _____

<div style="border: 1px solid black; padding: 5px;"> Form Rev. 6/13/2011 </div>	CITY OF WOODVILLE HEALTH DEPARTMENT USE ONLY	
	City Health Inspector Approval: _____	Date: _____
City Manager Approval: _____		Date: _____