

Establishment ID:				
Owner ID:				
For office use only				

FOOD SERVICE LICENSE APPLICATION MOBILE UNIT, COMMISSARY, WAREHOUSE, VENDING MACHINE

☐ Mobile Unit ☐ Class:	Commissary \square	Warehouse	Vending Machine # Units:	
□ New Construction □	Remodel			
☐ Change of Ownership	Former establishm	ent name:		
Establishment Name:				
Establishment Physical Add				
Establishment Billing Addre				
Establishment Phone #:				
		_		
Owner/Applicant Name: _				
			☐ Other:	
Do you own other establishr	_	_		
Name(s):	-	_		
Owner Physical Address:				
Owner Billing Address:				
wner Billing Address: Owner Cell #:				
	ner Fax #: Owner E-mail:			
	ood service regulations d Statutes, Chapter 624 quire denial or revocat	I understand that far, and the Administra		
Signature of Applicant:			Date:	
Mail application and check	k payable to your l	ocal Environme	ntal Health Office at:	

Fee received:	FOR OFFICE USE ONLY			Date:
	□ Cash	□ Check#	J	Date:
1		□ Not Approved		