

STONE COUNTY HEALTH DEPARTMENT
2011 FOODSERVICE PERMIT APPLICATION

(Applicant Complete This Section)

EstablishmentName: _____

Location: (PhysicalAddress) _____

City _____ Zip _____

OwnerName _____

Phone# _____ Fax# _____

Mailing

Address _____ City _____ State _____

Zip _____

Email _____

Date opened for business: _____

Hours of operation: S M T W T F S _____

(Circle Days Open) (Time)

Number of full-time employees: _____ Number of part-time employees: _____

Average number of meals or patrons served: ___1-150___151-400___over 400

TYPE OF ESTABLISHMENT:

_____Restaurant_____Tavern_____Grocery C Store_____

Warehouse_____Other_____

_____Temporary Food Stand _____Food Processor

Other_____ (explain) _____

I certify that to the best of my knowledge the information contained on this form is correct.

Applicant's

Signature _____ Date _____

Return completed application with permit fee. (Fee determined after assessment by Stone County Environmental Representative.)

Office Use Only:

Date Recvd: _____ **Priority** _____ **Check #** _____ **Amt:** _____

Permit #: _____