



<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Change Date: _____	<input type="checkbox"/> Information Change Date: _____
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Type of Ownership: Sole Proprietor Partnership Corporation Other: _____

Check all that apply:	<input type="checkbox"/> Food Facility	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Alternative Treatment Annual Permit
	<input type="checkbox"/> Commissary	<input type="checkbox"/> Public Pool/Spa	<input type="checkbox"/> Pumping Vehicle: Type _____
	<input type="checkbox"/> Mobile Food Facility	<input type="checkbox"/> State Small Water System	<input type="checkbox"/> Tobacco Retailer: _____
	<input type="checkbox"/> Food Water System	BOE# _____	

OWNER/ OPERATOR INFORMATION

Owner/Operator Name:	_____				
Owner/ Operator Address:	_____				
City:	_____	State:	_____	Zip:	_____
Phone:	() _____	Cell Phone:	() _____	Fax:	() _____
E-Mail Address(s):	_____				
Mailing Address:	_____				
City:	_____	State:	_____	Zip:	_____
Partner(s)/Corp Name	_____				

FACILITY/BUSINESS INFORMATION

Facility Name (DBA):	_____				
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Phone:	() _____	Alternate phone:	() _____	Fax:	() _____
Care Of:	_____	E-Mail Address:	_____		
Mailing Address:	_____				
City:	_____	State:	_____	Zip:	_____
Water Provider	_____				

BILLING INFORMATION

Mailing Address for invoice to renew annual permit: Business Mailing Address Owner Address Other

If you checked other, what is the address? _____

Care of: _____

Approval of this application and issuance of an Environmental Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.

_____ Signature of Applicant	_____ Print Name	_____ Date
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PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE.
PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.

TOBACCO RETAIL TRAINING	FOR OFFICIAL USE ONLY			
	Program ID	PE	SR #	Facility ID
	Previous Owner ID	New Owner ID	ON#	Map #
	Total Fees Paid	Received By	Date Paid	Accounting ID