



FOOD PROGRAM APPLICATION

Office use only: FA _____ PR _____ SR _____

SERVICE REQUESTED

- New Business Change of Ownership Change of Business Name previous business name _____
- Plan Review (fill out entire application) other: please specify _____ Opening date* _____

***ATTN: FINAL APPROVAL TO OPEN AND OPERATE MUST BE GRANTED BY THIS DEPARTMENT IN WRITING PRIOR TO OPENING DATE**

TYPE OF ESTABLISHMENT:

- Restaurant seating capacity _____ Mobile Food Kitchen Rental Bed/Breakfast
- Retail Food/Market square footage of retail area _____ School other: please specify _____
- Tobacco Sales Permit

OWNER #1 INFORMATION:

Name: _____

Home Address: _____

City/St/Zip: _____

Phone #: _____ Alt. # _____

Email Address: _____

OWNER #2 INFORMATION (if applicable):

Name: _____

Home Address: _____

City/St/Zip: _____

Phone #: _____ Alt. # _____

Email Address: _____

FACILITY INFORMATION:

Facility Name: _____

Facility Address: _____

City/St/Zip: _____

Phone Number: _____

SEND ANNUAL HEALTH PERMIT BILL TO:

- Owner 1 address Owner 2 address
- Facility Address *other-please specify below

* _____

Business Email address: _____

PLAN REVIEW REQUESTOR INFORMATION

Plan review requirements: 3 sets of plans, 1 set of equipment specifications and plan review fee.

- NEW BUSINESS/MAJOR REMODEL (PE 1597) REMODEL (PE 1594) (additional fees may apply) EXPEDITE (additional fees apply)
- Company Name: _____ Contact Person: _____
- Company Address: _____ Email Address: _____
- City/St/Zip _____ Phone #: _____ Alt. # _____

By signing below, the owner or authorized representative agrees to operate in accordance with all applicable state and local regulations, laws, and procedures needed to ensure compliance. Notify Environmental Health in writing if business closes or change of ownership occurs. HEALTH PERMITS ARE NON-TRANSFERABLE. For plan review applications, the owner information will be used for the health permit issuance unless our office is notified with updated information.

ATTN: SUBMITTAL OF THIS APPLICATION DOES NOT CONSTITUTE PERMIT APPROVAL.

If you would like additional information about the Safe Surplus Food Donation Program, please visit smchealth.org/fooddonation

Print Owner/Representative 1: _____ Signature _____ Date _____

Print Owner/Representative 2: _____ Signature _____ Date _____