



Food and Beverage Application

Any establishment that stores, prepares, packages, serves or vends food directly to the consumer, or otherwise provides food for human consumption including delivery and take out.

Facility Information

Facility Name _____ Phone _____
 Facility Address _____
 Onsite Manager _____ Phone _____
 Hours of Operation Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____ Sunday _____

Owner Information

Corporation _____ Owner _____
 Owner Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell Phone _____
 Email _____

Correspondence Information

THIS IS WHERE YOU WANT YOUR APPLICATION AND LICENSE SENT TO – Please fill out if it should be different than how you received your information this year. Thank you.

Attn: _____
 Mailing Address _____ Email _____
 City/State/Zip _____ Phone _____

Food Protection Manager Certification (FPMC)

Name		ID#		Exp:	
Name		ID#		Exp:	
Name		ID#		Exp:	

Applicant Signature _____ **Date:** _____

OFFICE USE ONLY

Fee Amount: _____ Risk Category: _____
 Total Fee submitted \$ _____ Cash Check # _____ MO# _____
 Approved by: _____ Date: _____ Permit # _____