

FOOD ESTABLISHMENT PERMIT APPLICATION

DATE APPLICATION ISSUED _____

NAME OF OWNER AND MANAGER OR OPERATOR

ADDRESS OF OWNER:

TELEPHONE _____ (RESIDENCE)

TELEPHONE _____ (MANAGER OR OPERATOR)

TELEPHONE _____ (ESTABLISHMENT NUMBER)

NAME & ADDRESS OF RETAIL FOOD ESTABLISHMENT:

_____ CITY _____ ZIP _____

DIRECTIONS IF OUTSIDE CITY LIMITS:

WILL THIS ESTABLISHMENT BE SUPPLIED WITH PUBLIC OR PRIVATE
SEWAGE AND WATER? _____

IF PRIVATE WATER SUPPLY GIVE I.D. # OF APPROVED WATER SYSTEM

DATE RECEIVED BY BOWIE COUNTY

DATE PERMIT ISSUED

COST OF PERMIT \$175.00 MAKE CHECK PAYABLE TO BOWIE COUNTY