



# Community Name

ADDRESS

ADDRESS

Phone Number

Website

# 2016

## Permit to operate a Retail Food Establishment

This Permit is granted to the person or business Permit Holder named below in conformity with the approved Application and Statutes and Ordinances relating thereto. Permits are not transferable.

All Permits expire on December 31 and must be renewed at least 60 days prior to expiration unless otherwise stated.

PERMIT #

ISSUE DATE

FEE

Facility Owner

Facility Owner Contact Info

# Permit Holder

## Facility Address

## Facility Owner

## Facility Owner Contact Information

This Permit shall be posted at all times and is issued with the requirement that the Permit Holder allow the Board of Health access to conduct inspections without notice during all hours of operation. Failure to allow inspection access or operate in compliance with State and local regulations and laws is grounds for suspension or revocation of this Permit.

Permit Type

- Annual
- Seasonal – not to exceed 6 months in a calendar year
- Temporary – not to exceed 14 days in a calendar year
- Other as detailed on the Application

Permit is granted to the above for the following purpose at the named facility.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Food Service</li> <li><input type="checkbox"/> Retail Food</li> <li><input type="checkbox"/> Retail Residential Kitchen</li> <li><input type="checkbox"/> Bed &amp; Breakfast Residential Kitchen</li> <li><input type="checkbox"/> Mobile/Pushcart</li> <li><input type="checkbox"/> Caterer</li> <li><input type="checkbox"/> Satellite Food Service</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Bakery</li> <li><input type="checkbox"/> Frozen Desert</li> <li><input type="checkbox"/> Milk/Cream</li> <li><input type="checkbox"/> Bottled Beverages</li> <li><input type="checkbox"/> Farmer's Market</li> <li><input type="checkbox"/> Other as described on approved Application</li> </ul> |
|---|---|

Expiration Date

# December 31

Permit is also subject to the following special conditions

## None

Signature for Board of Health