

Licensing Year:

FOOD PERMIT APPLICATION

INSTRUCTIONS: Please complete and return it to the above address with your remittance payable to the CITY OF GREENFIELD.

NAME AND ADDRESS OF ESTABLISHMENT

NAME OF ESTABLISHMENT/ BUSINESS/ (DBA) :		
ADDRESS		PHONE NUMBER
CITY	STATE	ZIP CODE

In making this application, I understand this business is subject to the provisions of Chapter 12 of the Greenfield Municipal Code.

If Partnership, list all Partners. OR If Corporation, list Corporation Name & Registered Agent

LAST NAME OF LEGAL LICENSEE	FIRST NAME	MIDDLE INITIAL
ADDRESS		PHONE NUMBER
CITY	STATE	ZIP CODE
FOOD MANAGER'S CERTIFICATION #	FOOD MANAGER CERTIFICATION COMPANY	EXPIRATION DATE

SCOPE OF FOOD-RELATED OPERATIONS (*Include menu, layout of establishment, etc.)	
HOURS OF OPERATION	
YEARLY GROSS SALES \$	TOTAL FEES DUE FROM PAGE 2 \$

*** All RESTAURANTS and RETAIL ESTABLISHMENTS: Submit MENU and EQUIPMENT LAYOUT (sinks, coolers, cooking equipment, etc.) with application.**

SIGNATURE OF APPLICANT: _____ **DATE:** _____

In making this application, I understand this business is subject to the provisions of Chapter 12 of the Greenfield Municipal Code.
The City of Greenfield will charge a \$25.00 fee for checks which are returned to us as uncollectible by our bank.

NOTE: A **48 HOUR NOTICE** is required to make an appointment for a **FINAL INSPECTION**.

Permit Expires on June 30 of the licensing year

PLEASE INFORM THE GREENFIELD HEALTH DEPARTMENT OF ANY CHANGES.

APPLICATION FEE SCHEDULE

Before making selections, please consult with the Environmental Health Specialist at (414)329-5267.

Required For All License Types:

BASIC FEE --- BASED ON FOOD & DRINK SALES

Select One _____

STATE ADMINISTRATIVE FEE --- BASED ON LICENSING CATEGORY SELECTED BELOW

Select One _____

Make Selections in the Appropriate Licensing Category Below:

RESTAURANT

Select **RISK CATEGORY:** _____

Select **PRE-INSPECTION FEE:** _____

Select **ADDITIONAL KITCHEN FACILITY:** _____

RETAIL FOOD (DATCP)

Select **RISK CATEGORY:** _____

Select **PRE-INSPECTION FEE:** _____

HOTEL / MOTEL

Select **NUMBER OF ROOMS:** _____

Select **PRE-INSPECTION FEE:** _____

SWIMMING POOLS

Select **NUMBER OF INDOOR POOLS:** _____

Select **NUMBER OF OUTDOOR POOLS:** _____

Select **NUMBER OF WHIRLPOOLS:** _____

Select **PRE-INSPECTION FEE:** _____

Basic Fee \$ _____

License Fee \$ _____

State Administrative Fee \$ _____

Pre-inspection Fee \$ _____

TOTAL DUE: \$ _____

Notes