

Health Permit Application Form For Food Vendors

Vendor Information

Business Name:

Owner/Operator Name:

Business Address:

Contact Phone Number:

Email Address:

Operation Details

Type of Vendor:

Type of Food/Beverages Served:

Operating Hours/Days:

Food Safety Information

Source(s) of Food Ingredients:

Describe Food Storage Practices:

Describe Sanitation Procedures:

Copy of Food Handler's Permit:

No file selected

Date of Last Health Inspection (if any):**Agreement & Signature**

I hereby certify that the information provided is true and correct to the best of my knowledge. I understand that operating without a valid health permit may result in penalties or closure. I agree to adhere to all local health regulations and allow inspections by health officials.

Signature (Type Full Name):**Date:**

Note: Submit the completed form along with all required documents to your local health department. For further information on permits and regulations, please contact your city or county health office.