

TOWN OF OAKAHM
BOARD OF HEALTH
Food Establishment Application

(Application must be submitted at least 30 days prior to planned opening date)

Establishment Name _____

Establishment Address: _____

Establishment Mailing Address (if different): _____

Establishment Telephone No.: _____ Fax No. (if any) _____

Applicant Name & Title _____

Applicant Address (No P.O. Boxes): _____

Applicant Telephone No.: _____ 24-Hour Emergency No.: _____

Owner Name & Title (if different from applicant): _____

Owner Address (if different from applicant): _____

Establishment Owned By: _____ If a corporation or partnership, give name, title and home address
Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manage, etc.):

_____ of officers or partners (attach if necessary).
_____ Name _____ Title _____ Address
_____ An Association
_____ A Corporation
_____ An Individual
_____ A Partnership
_____ Other Legal Entity

Name & Title: _____

Address: _____

Telephone: _____

Emergency Telephone No.: _____ Fax No.: _____

District of Regional Supervisor (if applicable):

Name & Title: _____

Address: _____

Telephone No: _____ Fax No.: _____

For Official Use Only: Permit # _____ Fee Paid: \$ _____ Check #: _____ Date Paid: _____

Date Permit Issued: _____ Date Permit Expires: _____