

## CABINET FOR HEALTH SERVICES DEPARTMENT FOR PUBLIC HEALTH

APPLICATION FOR PERMIT/LICENSE TO OPERATE A \_\_\_\_\_

FACILITY PROFILE PERMIT/LICENSE FEE \_\_\_\_\_ INSPECTION FEE \_\_\_\_\_ TOTAL \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK  CASH  MONEY ORDER  Credit Card

1 ACTION		
New	N	
Change	C	
Deleted	D	
Reactive	R	

2 EST. NO.

3 STATUS		
Active	A	
Inactive	I	
Hold	H	
No. app	N	
Suspended	S	

4 COUNTY

5 Program

9 TYPE OF SERVICE		
Sit Down/Full	1	
Cafeteria/Continental	2	
Carry-out/Retail Mkt.	3	
Caterer (Comm.)	4	
Interstate Conveyance	5	
No Service Type	6	

6 SANITARIAN

7 INSP INTVL.

8 TYPE OF EST.

10 WATER SUPPLY		
Public	1	
Private	2	
Other	3	

11 SEWAGE		
Public	1	
Private	2	
Other	3	

12 FEDERAL ID	
13 CENSUS TRACT	

14	Name of Establishment					
15	Type of Establishment					
16	Street Address					
17	City		Zip Code		Phone #	
18	Owner's Name					
19	Mailing Address					
20	City		Zip Code		Phone #	
21	Applicant Signature				Date	

22 Social Security No.	
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23 Latitude			
	DEG	MIN	SEC
Longitude			
	DEG	MIN	SEC

24 Qty 1	Unit Measure	
	Machines	A
	Mobile Home Spaces	M
	Rooms	R
	Seats	S
	Trucks	T
	Gallons	G
	Boarders/Beds	B

25 Qty 2	Unit Measure	
	Commissaries	C
	RV Spaces	V
	Feet	F
	Male Student	M
	Residents	R

26	Is this a Catering Operation?	
27	Will it have a Drive Through Window?	

29	STATE OWNED	
30	FEE PAYING	

34	ROSTER	
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35	Home County		36	Truck Only	
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SEPTIC TANK TRUCKS					
38	Number	Make	Model	Year	Capacity

37 BOND INFORMATION	
Insurance Company	1
Individual	2
Bond Needed	3
Not Required	4
Cancelled	5

Construction Plan Approval  
New or Additional Plumbing Construction Approval



By: \_\_\_\_\_

Health Authority \_\_\_\_\_

Date \_\_\_\_\_