

Licensing Year:

APPLICATION FOR PERMIT

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) :		
STREET		
CITY	STATE	ZIP CODE
PHONE NUMBER OF ESTABLISHMENT:		

In making this application, I understand this business is subject to the provisions of CH. 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	PHONE NUMBER
ADDRESS			
CITY	STATE	ZIP CODE	
FOOD MANAGER'S CERTIFICATION #	EXPIRATION DATE		

HOURS OF OPERATION:	
YEARLY GROSS SALES	TOTAL FEES DUE FROM PAGE 2

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.
Effective July 1, 2005 The City of Greenfield will be charging 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.

Rev. 2/16/16

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APPLICATION FEE SCHEDULE

Before selecting please consult with environmental health specialist.

BASIC FEE --- BASED ON FOOD & DRINK SALES:

Select One

RESTAURANT:

Select One

Select One **PRE-INSPECTION:**

Select One **ADDITIONAL KITCHEN FACILITY:**

RETAIL FOOD (DATCP)

Select One

Select One **PRE-INSPECTION:**

HOTEL / MOTEL Select # of Rooms:

PRE-INSPECTION:

SWIMMING POOLS

Number of INDOOR Pools:

Number of OUTDOOR Pools:

Number of WHIRLPOOLS:

Number of **PRE-INSPECTION FEE FOR POOLS:**

TOTAL DUE: \$ _____

Notes