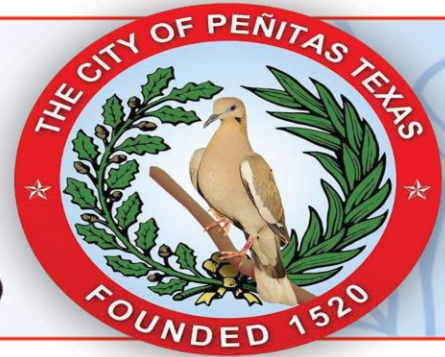


City of PEÑITAS



City of Penitas Food Establishments Application

Applicant name: _____

Applicant address: _____

Phone Number: _____ email: _____

Business Information

Temporary permit not to exceed (14) fourteen days- \$20.00 _____

Establishments employing (10) ten employees or less- \$50.00 _____

Establishments employing (11) eleven or more employees-\$100.00 _____

Name of business: _____

Type of business operating: _____

Business address: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

OFFICE USE ONLY

APPLICATION WAS REVIEWED: APPROVED OR REJECTED

HEALTH INSPECTION: PASSED OR FAILED

ENVIROMENTAL HEALTH Specialist: _____ DATE: _____

TIME: _____ AM PM to _____ AM PM

APPROVED TO ISSUE FOOD ESTABLISHMENT PERMIT: YES OR NO DATE: _____

PAID WITH _____



City of PEÑITAS

