



CITY OF MOUNT VERNON
FOOD ESTABLISHMENT PERMIT APPLICATION (2018-14/FPA)

Name of Establishment: _____

Mailing Address: _____

Establishment Address: _____

Type of Establishment: Restaurant:____ Grocery Store:____ Nursing Home:____
Convenience Store:____ Bar:____ Child Care:____
Other (please specify): _____

Name of Owner(s): _____

Address of Owner(s): _____

Phone Number of Owner(s): _____

Manager of Establishment: _____

Address of Manager: _____

Phone Number of Manager: _____

Type of Ownership: Individual:____ Partnership:____ Corporation:____

In consideration of issuance of this permit I understand and agree to familiarize myself and comply with all laws and ordinances applicable to operation of said business and further agree to permit unrestricted access to an authorized representative of the city as Food Service Inspector for the purpose of conducting inspections necessary to verify with applicable regulations.

Signature: _____ Date: _____

Title: _____

FOR OFFICE USE ONLY

Permit Number: _____ Date Issued _____

Category: _____ Permit Fee: \$ _____

INSPECTED BY: _____