

APPLICATION FOR FOOD LICENSE

FOOD LICENSE: \$100.00 Initial Fee; \$50.00 Annual Renewal Fee.

(Licenses shall expire one year after date of issuance)

Cheyenne Office Use Only

LICENSE ACCOUNT NUMBER _____

ACTIVATION DATE _____

CHECK NO/CASH _____

LICENSE APPLICATION INFORMATION (to be completed by applicant)

Type of Application:

If change of owner or location, previous establishment name/location:

New Change of Location Change of Owner

- Establishment Information -

Establishment Name: _____ Person in Charge on Site: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Person in Charge on Site Phone: _____

Email: _____ Fax: _____

- Owner Information -

Name of Owner : _____

Form of Organization:

Name of Company (if applicable): _____

Individual Association Corporation

Parent Company (if applicable) : _____

Partnership Other Entity _____

Address: _____

City: _____ State: _____ Zip: _____

Owner Phone Number: _____

INDICATE WHERE TO MAIL ALL CORRESPONDANCE _____ (1=ESTABLISHMENT; 2=OWNER; 3=EMAIL)

Type of Establishment (please check applicable box)

Food Service Grocery Convenience Meat Plant Distributor Warehouse Dietary Supplement Processor Institution

Guest Ranch Dairy Bulk Water Bar Mobile Commissary Dependent Mobile Retail Processor

Retail Pre-Packaged School Hotel Bed and Breakfast Seasonal Facility

Manufactured Food Processor; Type of Food: _____

I ATTEST TO THE ACCURACY AND INFORMATION PROVIDED IN THIS APPLICATION. I AGREE TO COMPLY WITH ALL APPLICABLE WYOMING LAWS AND REGULATIONS AND I UNDERSTAND THAT EACH SECTION OF THE LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE. I AGREE TO ALLOW THE REGULATORY AUTHORITY ACCESS TO MY ESTABLISHMENT. LATE RENEWAL PAYMENTS WILL RESULT IN DEACTIVATION.

SIGNATURE OF APPLICANT

DATE

APPROVING OFFICIAL

COUNTY

Make Checks Payable to:
WYOMING DEPARTMENT OF AGRICULTURE
CONSUMER HEALTH SERVICES SECTION
2219 CAREY AVE.
CHEYENNE, WY 82002
(307) 777-7211
State Relay Service at 7-1-1 or 1 800 877-9965

Instructions: A plan review must be submitted before this application can be considered, unless this is a change of ownership. Submit this application to your inspector of the WY Department of Agriculture or local County Health Dept. Complete all sections. If a section is not applicable enter "N/A". If additional space is needed for any item, attach additional sheet.

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES