

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: Submit this application to the inspector of the WY Dept 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

APPLICATION FOR FOOD LICENSE
FOOD LICENSE: \$100.00 Initial Fee; \$50.00 Annual Renewal Fee.
(Licenses shall expire one year after date of issuance)

LICENSE ACCOUNT NUMBER _____

ACTIVATION DATE _____

LICENSE APPLICATION INFORMATION (to be completed by applicant)

Type of Application:

New Change of Owner Change of Location Other (specify) _____

Form of Organization

Individual Association Corporation
 Partnership Other Legal Entity (specify) _____

If Corporation/ Business Entity Required to be Registered, Name of State where Incorporated/Registered _____

Date Incorporated/Registered (month and year) _____

- Establishment Information -

Establishment Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code and Phone Number: _____

- Applicant Information -

Name of Applicant : _____
Last First and middle initial

Address: _____

City: _____ State: _____ Zip: _____

Area Code and Phone Number: _____

Mailing Indicator - please indicate where to mail license to ____ (1 = Establishment; 2 = Applicant)

Type of Establishment (please \checkmark applicable boxes)

Restaurant/Food Service Retail Grocery/Convenience Store Meat (Slaughter, Processor) Distributor Food Processor
 Dairy (Farm, Plant, Distributor, Tester, Grader) Bar Mobile Warehouse

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.

SIGNATURE OF APPLICANT

DATE

APPROVING OFFICIAL

COUNTY