

Application Must Be Complete and Signed!



PLEASE PRINT OR TYPE

Check One:

Corporation  Partnership

Individual  Other

Fed Tax # \_\_\_\_\_

1137 South Locust Street, Grand Island, NE 68801 Telephone: (308) 385-5175 Fax: (308) 385-5181

Establishment Name	Owner's Name
Establishment Address	Owner's Address
City, State, Zip	City, State, Zip
Establishment Phone	Owner's Phone
Establishment Fax & Email	List Partners or Corporate Officers:

Mail my correspondence to: (circle one) Establishment Owner

I am a citizen of the United States or  I am a qualified alien under the federal Immigration & Nationality Act, my immigration status and alien number are as follows \_\_\_\_\_ A copy of my USCIS documentation is attached.

I hereby attest that my response and the information provided for public health benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. I understand that it is my responsibility to inform the Central District Health Department of any changes regarding my permit application. By signing, I/we agree to comply with all operation regulations for a food service that are enforced by the Central District Health Department.

Circle One: Owner Manager \_\_\_\_\_

Signature / Title \_\_\_\_\_

Date \_\_\_\_\_

PERMIT TYPES

P/S	Code	Type	Permit Fees	Total	P/S	Code	Type	Permit Fees	Total
	05	Bakery	\$111				Food Vendor Annual	\$44	
	16	Catering	\$111				Food Vendor Temporary valid 1-3	\$23	
	15	Commissary	\$111			14	Limited Food	\$74	
	12	Drink Only	\$145			09 13 19	Mobile Food Unit	\$140	
	01	Food & Drink	\$173			03 11	Retail-per register (not to exceed \$395)	\$72	
		# Seats over 25 (# _____)	\$1 each				Seasonal - valid for 6 consecutive	\$67	
	06 07	Food Mfg/Warehouse	\$121				Separate Facility Food & Drink	\$50	
	08	Food Vending - up to 10 machines	\$109			04	Temporary Food Establishment (TFE)*	\$44	
		Add'l machines over 10 (# _____)	\$4 each				TFE Non-profit *	\$22	

\* Separate TFE Application Required per TFE Vendor Booth.

Permit Sub Total	
1/2 price after 11/1	
<b>Permit Total</b>	

**REQUIRED: Nebraska State License/Permit \$86.19**  
(Make checks payable to NE Dept of Ag)

Penalty Fee - Operating without a Valid Permit	\$78
Reinstatement Fee-Re-open a Closed	\$111

Other Sub Total	
<b>TOTAL DUE CDHD</b>	

Make checks payable to CDHD.

For Office Use Only

- Add new Firm     Add new facility     Deactivate firm     Delete Firm     Activate Firm  
 Change     Renewal     Deactivate facility     Delete type     Activate facility

Area \_\_\_\_\_ Risk Level: \_\_\_\_\_  
 Inspector \_\_\_\_\_ H M L  
 Interval \_\_\_\_\_

ID# \_\_\_\_\_

Date Paid: \_\_\_/\_\_\_/\_\_\_ Cash Check # \_\_\_\_\_ CC Type: \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit Appv'd: \_\_\_/\_\_\_/\_\_\_  If entered in . . .  QB  Food Program  Excel DB Initials: \_\_\_\_\_