GREEN BROOK BOARD OF HEALTH
RETAIL FOOD ESTABLISHMENT APPLICATION

Establishment Trading Name _______________________________________________________

Location of Establishment ______________________________________________________

Telephone Number ______________________________________________________________

Names of Owner(s), Partners, Firm, Corporation

Name(s) ____________________ Phone ____________________

Address ________________________________________________________________

Type of Retail Food Handling Business:

_____ Restaurant
_____ Grocery/Convenience Store
_____ Agricultural Market
_____ Firehouse

_____ Supermarket
_____ Specialty Store (Specify)
_____ School
_____ Other (Specify)

Size of Retail Food Handling Business (With fees):

_____ Less than 2,500 square feet ($275.00)
_____ 2,501 to 5,000 square feet ($325.00)
_____ 5,001 to 10,000 square feet ($375.00)
_____ Greater than 10,000 square feet ($500.00)
_____ Temporary Establishments ($25 for 1st day; $10 for each additional day)
_____ Prepackaged Food Only or Seasonal Mobile (Ice Cream) ($100.00)

Basic Fee $ _____________

*Conditional Reinspection Fee: $ _____________

Credit for Attendance at Food Handlers Course (-$50.00 for permanent or -$20.00 for Temporary/Prepackaged) $ _____________

Late Fee ($100.00 per month) $ _____________

Total License Fee Due: $ _____________

*Inspection Fee for other than "Satisfactory" ($150.00)

REMINDER: Late fee per month for failure to renew license by January 31 annually is $100.00 per month.

Signature of Applicant ____________________________________________________________

For Office Use Only
LICENSE # _____________ DATE ISSUED _____________ CHECK # _____________