



**APPLICATION FOR FOOD SERVICE PERMIT  
SCHOOLS AND CAMPGROUNDS**

Facility Name	Operation Days & Hours		
Facility Street Address	City	State	ZIP
	(      )	(      )	
Name of Director/Operator	Director Phone	Facility Phone	
Mailing Address for Permit	City	State	ZIP
Name of District/Organization	Organization Phone		
District/Organization Street Address	City	State	ZIP
<b>X</b>			
AUTHORIZED SIGNATURE	\$ AMOUNT ENCLOSED	DATE	

**FOOD SERVICE: CHECK THE CATEGORY BELOW THAT APPLIES AND COMPLETE FORM**

Using current fee schedule, determine fee and submit check with a completed permit application for each facility.  
Permits are renewable annually and expire August 31st of each year.

**SCHOOLS:**

- Central Kitchen - no direct food service
- Satellite Kitchen with food service
- School Kitchen with food service

**CAMPGROUNDS/PARKS:**

- Food service - all year
- Food service - seasonal\*

**\*SEASONAL OPERATIONS** Submit operating dates and times:

Months of Operation: \_\_\_\_\_

Kitchen Hours: \_\_\_\_\_

FOR HEALTH DISTRICT USE ONLY

PERMIT # SCK \_\_\_\_\_

MAIL-DELIVER-PU \_\_\_\_\_  
Date/By