

Application Must Be Complete and Signed!



Environmental Health Department
 1137 So Locust St • Grand Island, NE 68801
 308-385-5175 • 877-216-9092 • fax 308-385-5181
www.cdhd.ne.gov

PLEASE PRINT OR TYPE

Check One: Corporation Partnership
 Individual
 Other Fed Tax # _____

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

Make checks payable to CDHD.

P/S	Code	Type	Permit Fees	Total	P/S	Code	Type	Permit Fees	Total
	05	Bakery	\$73				Food Vendor Annual *	\$35	
	16	Catering	\$90				Food Vendor Temporary valid 1-3 days *	\$18	
	12	Drink Only	\$121			14	Limited Food	\$60	
	01	Food & Drink	\$145			09 13	Mobile Food Unit *	\$104	
		# Seats over 25 (# _____)	\$1 each			03 11	Retail-per register (not to exceed \$350)	\$61	
	06 07	Food Mfg/Warehouse	\$104				Seasonal * - valid for 6 consecutive months	\$55	
	08	Food Vending - up to 10 machines	\$90				Separate Facility Food & Drink	\$43	
		Add'l machines over 10 (# _____)	\$1 each			04	Temporary Food Establishment (TFE) * **	\$36	
							TFE Non-profit * **	\$18	

* Separate Food Vendor Questionnaire Required (on back)

** Separate TFE Application Required per TFE Vendor Booth.

Permit Sub Total	
1/2 price after 11/1	-
Permit Total	

REQUIRED: Nebraska State License/Permit \$73.22
 (Make checks payable to NE Dept of Ag)

Penalty Fee - Operating without a Valid Permit	\$65
Reinstatement Fee-Re-open a Closed Establishment	\$90

Other Sub Total	
TOTAL DUE CDHD	

For Office Use Only

Add new Firm Add new facility Deactivate firm Delete Firm Activate Firm **Area** _____ **Risk Level:**
 Change Renewal Deactivate facility Delete type Activate facility **Inspector** _____ **H M L**
Interval _____

ID# _____

Date Paid: ___/___/___ Cash Check # _____ CC Type: _____ Rec'd By: _____

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