

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](http://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	\$77				Food Vendor Annual *	\$37	
	16	Catering	\$95				Food Vendor Temporary valid 1-3 days *	\$19	
	12	Drink Only	\$127			14	Limited Food	\$63	
	01	Food & Drink	\$152			09 13	Mobile Food Unit *	\$109	
		# Seats over 25 (# _____)	\$1 each			03 11	Retail-per register (not to exceed \$384)	\$64	
	06 07	Food Mfg/Warehouse	\$109				Seasonal * - valid for 6 consecutive months	\$58	
	08	Food Vending - up to 10 machines	\$95				Separate Facility Food & Drink	\$45	
		Add'l machines over 10 (# _____)	\$1 each			04	Temporary Food Establishment (TFE) * **	\$38	
							TFE Non-profit * **	\$19	

\* Separate Food Vendor Questionnaire Required (on back)

\*\* Separate TFE Application Required per TFE Vendor Booth.

**REQUIRED: Nebraska State License/Permit \$74.68**  
 (Make checks payable to NE Dept of Ag)

Permit Sub Total	
1/2 price after 11/1	-
Permit Total	
Penalty Fee - Operating without a Valid Permit	\$65
Reinstatement Fee-Re-open a Closed Establishment	\$90
Other Sub Total	
<b>TOTAL DUE CDHD</b>	

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: \_\_\_\_\_

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