



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 follow _____ 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	\$103				Food Vendor Annual	\$41	
	16	Catering	\$103				Food Vendor Temporary valid 1-3	\$21	
	12	Drink Only	\$134			14	Limited Food	\$68	
	01	Food & Drink	\$160			09 13 19	Mobile Food Unit	\$129	
		# Seats over 25 (# _____)	\$1 each			03 11	Retail-per register (not to exceed \$395)	\$67	
	06 07	Food Mfg/Warehouse	\$115				Seasonal - valid for 6 consecutive	\$62	
	08	Food Vending - up to 10 machines	\$101				Separate Facility Food & Drink	\$46	
		Add'l machines over 10 (# _____)	\$4 each			04	Temporary Food Establishment (TFE)*	\$41	
							TFE Non-profit *	\$20	

* Separate TFE Application Required per TFE Vendor Booth.

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

REQUIRED: Nebraska State License/Permit \$81.61
(Make checks payable to NE Dept of Ag)

Penalty Fee - Operating without a Valid Permit	\$72
Reinstatement Fee-Re-open a Closed	\$103

Other Sub Total	
TOTAL DUE CDHD	

Make checks payable to CDHD.

For Office Use Only

<input type="checkbox"/> Add new Firm <input type="checkbox"/> Change <input type="checkbox"/> Add new facility <input type="checkbox"/> Renewal <input type="checkbox"/> Deactivate firm <input type="checkbox"/> Deactivate facility <input type="checkbox"/> Delete Firm <input type="checkbox"/> Delete type <input type="checkbox"/> Activate Firm <input type="checkbox"/> Activate facility	Area _____ Inspector _____ Interval _____	Risk Level: H M L
ID# _____		
Date Paid: ____/____/____	Cash Check # _____ CC Type: _____ Rec'd By: _____	Receipt # _____
Permit Appv'd: ____/____/____	<input type="checkbox"/> If entered in ... <input type="checkbox"/> QB <input type="checkbox"/> Food Program <input type="checkbox"/> Excel DB	Initials: _____