



Approved By: _____ Date: _____ FD# _____

Application for PTO 3/4/15.doc

Please check the category below which best describes your facility's type of operation:

- | | |
|---|--|
| <input type="checkbox"/> Restaurant > 650 sq ft or Large Facility (i.e., jail, juvenile hall, or school main kitchen) | |
| <input type="checkbox"/> Restaurant < 650 sq ft or Medium Facility (i.e., most schools) | |
| <input type="checkbox"/> Restaurant and Bar > 650 sq ft | <input type="checkbox"/> Restaurant and Bar < 650 sq ft |
| <input type="checkbox"/> Seasonal Restaurant (< 6 months) | <input type="checkbox"/> Low Risk pre-packaged minimal food preparation |
| <input type="checkbox"/> Small Retail Market < 2,000 sq ft (i.e., with unit) | |
| <input type="checkbox"/> Medium Retail Market 2,000 to 10,000 sq ft | <input type="checkbox"/> Medium Retail Market with Unit(s) – (bakery, deli, etc) |
| <input type="checkbox"/> Large Retail Market > 10,000 sq ft | <input type="checkbox"/> Large Retail market with Unit(s) – (bakery, deli, etc) |
| <input type="checkbox"/> Bed and Breakfast – Full Breakfast | <input type="checkbox"/> B & B – continental Breakfast |
| <input type="checkbox"/> Fee Exempt – Non-Profit Fed Tax ID#: | <input type="checkbox"/> Fee Exempt–Veteran (Attach a readable copy of DD214) |
- **If *Fee Exempt* box above is checked, you must also check the 'Facility Type' which best fits your facility****
- | | |
|---|---|
| <input type="checkbox"/> Bar | |
| <input type="checkbox"/> Mobile Food Facility Prep Unit | <input type="checkbox"/> Mobile Food Facility (Cart, Transport, Support Unit) |
| <input type="checkbox"/> Temporary Non-Hazardous Food; Single Event | <input type="checkbox"/> Temporary Non-Hazardous food; 3 or more events / yr |
| <input type="checkbox"/> Temporary Potentially Hazardous Food; Single Event | <input type="checkbox"/> Temporary Potentially Hazardous Food; 3 or more events |
| <input type="checkbox"/> Catering Kitchen (also permitted rental kitchen) | <input type="checkbox"/> Catering in a permitted Kitchen |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Bakery with Unit(s) – (deli, restaurant, etc) |
| <input type="checkbox"/> Produce Stand or Truck | <input type="checkbox"/> Certified Farmers Market |
| <input type="checkbox"/> Organized Camp | |
| <input type="checkbox"/> Vending Machines (1-10) | <input type="checkbox"/> Vending Machines (11 or more) |

Please include (If Applicable): ☐ Floor Plan ☐ Equipment Cut-Sheets ☐ Plan Check Fee

In applying for this permit:

The applicant agrees to allow inspections by the health inspector in order to ascertain compliance with food laws.

Applicant Signature: _____ Date: _____

Applicant Name (Printed): _____ Food Facility ID#: _____