

**Ledge Light Health District**  
**2011 FOOD SERVICE LICENSE APPLICATION**

Please review and provide the requested information for your establishment. Incomplete applications will delay release of your 2011 license. Any license issued pursuant to this application will be subject to applicable State and Ledge Light Health District Food Establishment Regulations. **Licenses are not transferable.**

**\*\*Please do not leave any lines blank. Please cross out and correct any pre-printed information that has changed.\*\***

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Phone Number of Establishment: \_\_\_\_\_

Fax Number of Establishment: \_\_\_\_\_

Site Manager: \_\_\_\_\_

Name of Legal Owner of Establishment: \_\_\_\_\_

Address for Legal Notices: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Legal Owner: \_\_\_\_\_

Water Supply      Public \_\_\_\_\_      Private \_\_\_\_\_

Sewage Disposal      Public \_\_\_\_\_      Private \_\_\_\_\_

Hours/Days of Operation:

Sunday      \_\_\_\_\_ to \_\_\_\_\_

Monday      \_\_\_\_\_ to \_\_\_\_\_

Tuesday      \_\_\_\_\_ to \_\_\_\_\_

Wednesday      \_\_\_\_\_ to \_\_\_\_\_

Thursday      \_\_\_\_\_ to \_\_\_\_\_

Friday      \_\_\_\_\_ to \_\_\_\_\_

Saturday      \_\_\_\_\_ to \_\_\_\_\_

**(OVER)**

The District frequently receives information from a variety of sources – including the State Department of Public Health and the Food and Drug Administration – that may pertain to food products you may be serving. It is critical that we release this information to as many people as quickly as possible, in order to reduce the possibility of someone falling ill due to contaminated products. So that we can ensure that the information gets to the appropriate person at your food service establishment in a timely fashion, please provide an email address that is checked on a daily basis by someone with knowledge of the food products your establishment sells.

If you do not have an email address, please contact Ryan McCammon at 448.4882, ext. 301 to discuss how we can get the information to you.

Email Address for Public Health Alerts: \_\_\_\_\_

Phone Number for 24-hour Emergency Contact: \_\_\_\_\_

Establishment Class:

Fee:

*(Class III and IV Vendors Only)*

**Qualified Food Operator (QFO)\*:** \_\_\_\_\_

Designated Alternate QFO: \_\_\_\_\_

INCLUDE WITH YOUR COMPLETED APPLICATION:

\_\_ Payment (Make checks payable to Ledge Light Health District. (There is a \$25 charge for all returned checks)

\_\_ Copy of MENU

\_\_ Copy of QFO documentation (Class III and IV only)\* **LLHD recognizes expiration dates on certificates**

\_\_ Copy of Alternate QFO designation sheet (Class III and IV only)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

Office Use Only:      Date Paid: \_\_\_\_\_      Check Number: \_\_\_\_\_      Cash: \_\_\_\_\_