



**Ledge Light Health District
2011 FOOD VENDOR / CATERER APPLICATION**

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay 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.**

Name of Operation: _____

Address of Base Kitchen: _____

Phone Number of Operation: _____

Name of Legal Owner of Establishment: _____

Address for Legal Notices: _____

Type of Vending Unit: _____

Vending Vehicle(s) Registration #: _____

Make: _____ Model: _____ Color: _____

Designation: _____ License Fee: _____

Class:

Qualified Food Operator (QFO): _____

Designated Alternate QFO: _____

(Class III and IV Establishments Only)

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 (if changed since last year)
- ___ Copy of QFO Documentation (Class III and IV only)
- ___ Copy of Alternate QFO Designation Sheet
- ___ Copy of Last Base Kitchen Inspection Report

(over)

