

New Business



CITY OF MIDWEST
APPLICATION FOR HEALTH PERMIT

DATE: _____

NAME OF ESTABLISHMENT: _____

DBA: _____

ADDRESS OF ESTABLISHMENT: _____

CITY: MWC **STATE:** OKC **ZIP:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

FEDERAL TAX ID NUMBER: _____ - _____

OKLAHOMA SALES TAX NUMBER: _____

TYPE OF ESTABLISHMENT: _____

TYPE OF OWNERSHIP: _____

BUSINESS TELEPHONE NUMBER: _____

EMERGENCY PHONE: _____

CONTACT PERSON: _____ **PHONE:** _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME TELEPHONE: _____ **BUSINESS TELEPHONE:** _____

SSN: _____ **DOB:** _____ **DRIV LIC:** _____ **State:** _____

Expiration Date: _____

MANAGER'S NAME:

ADDRESS:

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **SSN:** _____ **DOB:** _____

.....

OKLAHOMA STATE DEPARTMENT OF HEALTH:

HEALTH LICENSE #: _____ **EXP. DATE:** _____

CERTIFIED FOOD SERVICE OPERATOR'S CERTIFICATE:

NAME OF CERTIFICATE HOLDER:

CERTIFICATE NO: _____ **EXP DATE:** _____

.....

(For Office Use Only)

Active Utility Service: Y N

Copy of County/ State Permit: Y N

Est. required having certified food operator? Y N **Copy of valid Certificate:** Y
N

Is the business is starting after March 1st? Y N
(Prorate charge to \$25.00 for the license-- will expire still on Aug. 31st of the same
year.)

City Health License #: _____

Issuing Clerk _____