



RENEWAL

CITY OF MIDWEST
APPLICATION FOR HEALTH PERMIT RENEWAL

DATE: _____

NAME OF ESTABLISHMENT: _____

DBA: _____

ADDRESS OF ESTABLISHMENT: _____

CITY: MWC STATE: OKC ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS TELEPHONE NUMBER: _____

EMERGENCY PHONE: _____

CONTACT PERSON: _____ PHONE: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MANAGER'S
NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OKLAHOMA STATE DEPARTMENT OF HEALTH:

HEALTH LICENSE #: _____ EXP. DATE: _____

CERTIFIED FOOD SERVICE OPERATOR'S CERTIFICATE:

NAME OF CERTIFICATE HOLDER: _____

CERTIFICATE NO: _____ EXP DATE: _____

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OKLAHOMA STATE SALES TAX PERMIT #: _____

EXP DATE: _____



(For Office Use Only)

City Health License #: _____

Issuing Clerk _____