

Make Checks Payable to:
WYOMING DEPARTMENT OF AGRICULTURE
CONSUMER HEALTH SERVICES SECTION
2219 CAREY AVE.
CHEYENNE, WY. 82002
(307) 777-7211
State Relay Service at 7-1-1 or 1 800 877-9965

Instructions: Submit this application to the inspector of the WY Dept of Agriculture or local County Health Dept. Complete all sections. If a section is not applicable enter "N/A". If additional space is needed for any item, attach additional sheet.

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES

APPLICATION FOR FOOD LICENSE
FOOD LICENSE: \$100.00 Initial Fee; \$50.00 Annual Renewal Fee.
(Licenses shall expire one year after date of issuance)

Cheyenne Office Use Only

LICENSE ACCOUNT NUMBER

ACTIVATION DATE

CHECK NO./CASH

pd cash 8-20-13
D.F.

LICENSE APPLICATION INFORMATION (to be completed by applicant)

Type of Application:

☐ New ☐ Change of Location ☒ Change of Owner

If change of owner, previous establishment name:

El Burrito Express

Form of Organization

☐ Individual ☐ Association ☐ Corporation

☐ Partnership ☒ Other Legal Entity (specify) LLC

If Corporation/ Business Entity Required to be Registered, Name of State where Incorporated/Registered Wyoming

Date Incorporated/Registered (month and year) 07/2013

- Establishment Information -

Establishment Name: Burro Loco and Taqueria

Address: 900 Canal Drive Suite B3B

City: Gallatin **State:** WY **Zip:** 82716

Area Code and Phone Number: (307) 686-8010

- Owner Information -

Name of Owner: Jimenez Ocampo Brittany L.
Last First and middle initial

Address: 7 Boulder Street

City: Gallatin **State:** WY **Zip:** 82716

Area Code and Phone Number: (307) 691-0117

****MAILING INDICATOR - INDICATE WHERE TO MAIL LICENSE** 1 (1 = ESTABLISHMENT; 2 = OWNER)**

Type of Establishment (please check applicable box)

☒ Restaurant/Food Service ☐ Retail Grocery/Convenience Store ☐ Meat (Slaughter, Processor) ☐ Distributor ☐ Warehouse
☐ Dairy ☐ Bulk Water Hauler ☐ Bar ☐ Mobile ☐ Commissary Dependent Mobile ☐ Food Processor Type of Food: _____

I ATTEST TO THE ACCURACY AND INFORMATION PROVIDED IN THIS APPLICATION. I AGREE TO COMPLY WITH ALL APPLICABLE WYOMING LAWS AND REGULATIONS AND I UNDERSTAND THAT EACH SECTION OF THE LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE. I AGREE TO ALLOW THE REGULATORY AUTHORITY ACCESS TO MY ESTABLISHMENT.

B. Jimenez Ocampo 08/20/13
SIGNATURE OF APPLICANT DATE

[Signature]
APPROVING OFFICIAL

17
COUNTY