

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)

LICENSE ACCOUNT NUMBER

ACTIVATION DATE

CHECK NO./CASH

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:

Form of Organization

☐ Individual ☐ Association ☒ Corporation

☐ Partnership ☐ Other Legal Entity (specify) _____

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

Date Incorporated/Registered (month and year) SEP 2014

- Establishment Information -

Establishment Name: Sapporo WY INC

Address: 2009 S DOUGLAS HWY

City: Gillette **State:** WY **Zip:** 82718

Area Code and Phone Number: cell (508-797-7626)

- Applicant Information -

Name of Applicant : LU FU

Last

First and middle initial

Address: 822 N GURLEY AVE

City: Gillette **State:** WY **Zip:** 82716

Area Code and Phone Number: 508-797-7626

Mailing Indicator - please indicate where to mail license to 2 (1 = Establishment; 2 = Applicant)

Type of Establishment (please ☒ applicable boxes)

☒ Restaurant/Food Service ☐ Retail Grocery/Convenience Store ☐ Meat (Slaughter, Processor) ☐ Distributor ☐ Food Processor
☐ Dairy (Farm, Plant, Distributor, Tester, Grader) ☐ Bar ☐ Mobile ☐ Warehouse

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.

[Signature]
SIGNATURE OF APPLICANT

10/07/14
DATE

APPROVING OFFICIAL

COUNTY