

**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 WY

Date Incorporated/Registered (month and year) 12-05-2014

**- Establishment Information -**

Establishment Name: Sakura Japanese Sushi and Steakhouse Inc  
Address: 2550 S Douglas Hwy Suite 130  
City: Gillette State: WY Zip: 82718  
Area Code and Phone Number: 917 930 8262

**- Applicant Information -**

Name of Applicant: SUN Ming hui  
Last First and middle initial  
Address: 2550 S Douglas Hwy Suite 130  
City: Gillette State: WY Zip: 82718  
Area Code and Phone Number: 917 930 8262  
Mailing Indicator - please indicate where to mail license to 1 (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.

Ming hui  
SIGNATURE OF APPLICANT

DATE

APPROVING OFFICIAL

COUNTY