

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

1002

LICENSE APPLICATION INFORMATION (to be completed by applicant)

Type of Application:

☒ New ☐ Change of Location ☐ Change of Owner

If change of owner or location, previous establishment name/location:

- Establishment Information -

Establishment Name: Centenario Restaurant Person in Charge on Site: Jose Fraire

Physical Address: 1414 W 2nd Street

City: Gillette State: WY Zip: 82716

Business Phone Number: 307 670 2022 Person in Charge on Site Phone: 307 299 4074

Email: _____ Fax: _____

- Owner Information -

Name of Owner: Jose Fraire

Form of Organization:

Name of Company (if applicable): _____

☐ Individual ☐ Association ☒ Corporation

Parent Company (if applicable): _____

☐ Partnership ☐ Other Entity _____

Address: 1414 W 2nd Street

City: Gillette State: WY Zip: 82716

Owner Phone Number: 307 299 4074

INDICATE WHERE TO MAIL ALL CORRESPONDANCE 1 (1=ESTABLISHMENT; 2=OWNER; 3=EMAIL)

Type of Establishment (please check applicable box)

☒ Food Service ☐ Grocery ☐ Convenience ☐ Meat Plant ☐ Distributor ☐ Warehouse ☐ Dietary Supplement Processor ☐ Institution

☐ Guest Ranch ☐ Dairy ☐ Bulk Water ☐ Bar ☐ Mobile ☐ Commissary Dependent Mobile ☐ Retail Processor

☐ Retail Pre-Packaged ☐ School ☐ Hotel ☐ Bed and Breakfast ☐ Seasonal Facility

☐ Manufactured 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. LATE RENEWAL PAYMENTS WILL RESULT IN DEACTIVATION.

Jose Fraire
SIGNATURE OF APPLICANT

10-17-16
DATE

Deborah Daw
APPROVING OFFICIAL

17
COUNTY

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: A plan review must be submitted before this application can be considered, unless this is a change of ownership. Submit this application to your inspector of the WY Department 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