

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 _____

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: _____

Person in Charge on Site: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Person in Charge on Site Phone: _____

Email: _____ Fax: _____

- Owner Information -

Name of Owner : _____

Form of Organization:

Name of Company (if applicable): _____

☒ Individual ☐ Association ☐ Corporation

Parent Company (if applicable) : _____

☐ Partnership ☐ Other Entity _____

Address: _____

City: _____ State: _____ Zip: _____

Owner Phone Number: _____

INDICATE WHERE TO MAIL ALL CORRESPONDANCE _____ (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.

SIGNATURE OF APPLICANT _____

DATE _____

APPROVING OFFICIAL _____

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