

**APPLICATION FOR FOOD RELATED BUSINESS LICENSE
LODI BOARD OF HEALTH**

Date: _____

Check One: New Application _____ Renewal _____

Name of Business: _____

Address of Business: _____

Business Phone Number: _____

Type of Business: _____

If Restaurant, Number of Seats: _____

Name of Business Owner (s): _____

Home Address of Business Owner (s): _____

Home Phone Number: _____ Emergency Number: _____

Manager: _____

How Many Employees: _____ Full Time: _____ Part Time: _____

***It is the responsibility of the food establishments to maintain a current certificate of satisfactory completion of the FOOD HANDLER'S SAFETY COURSE AND FOOD MANAGERS COURSE to obtain a food related license.

***Enclose a copy of the food managers and food handler's safety course certificates.

***The owner, manager or employee in charge of other employees serving food on each particular shift should have completed the 18 hour food managers certification course. An employee from each shift must attend a 3 hour food handlers safety course.

LODI ORDINANCE NUMBER: 202-22.

If completed application and fee are not in by 5/1/06 , summonses could be issued daily and you could risk being shut down for operating without a health license.

For information regarding this matter, please call (201) 634-2608 or (201) 634-2609

LICENSE IS NOT TRANSFERABLE

For office use only:

Fee: _____ Check No: _____ Receipt No: _____