



FOOD SERVICE LICENSE APPLICATION

CITY OF NORMAN

Name of Establishment (d/b/a) Telephone Number

Location Address City Zip Code

Previous Establishment Name (if any)

State Whether a Corporation, Partnership, or Sole Ownership

Name of Applicant (If Corporation or Partnership, State Name) Telephone Number

Address of Applicant City Zip Code

Manager of Establishment Telephone Number

Email Address

State Sales Tax Permit Number _____

USE

Bakery
Caterer
Convenience Store
Fruit & Vegetables
Meat Market
Snack Bar

Bar-Club-Tavern
Candy & Gifts
Delicatessen
Grocery
Restaurant
Other

All provisions regarding zoning requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a food service license.

Planning Department	Date
201 West Gray, Building "A"	366-5432

Remarks _____

All provisions regarding requirements by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a food service license.

Sign Inspection	Date	Building Inspection Division	Date
201 West Gray, Building "A"	366-5432	201 West Gray, Building "A"	366-5339

Remarks _____

All provisions regarding fire requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a food service license.

Fire Inspector	Date
415 East Main	292-9780

Remarks _____

All provisions regarding fats, oils, and grease requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a food service license.

Environmental Services	Date
3500 South Jenkins	292-9731

Remarks _____

All provisions regarding food service requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a food service license.

Cleveland County Health Department	Date
250 12th Avenue N.E.	321-4048

Call for inspection at least 48 hours prior to desired opening time to the departments listed above. After approval by the departments listed above, take completed form to the Office of the City Clerk, 201 West Gray, Norman, Oklahoma, 366-5386, to obtain your license.

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I, hereby affirm that the information contained above is complete and accurate to the best of my knowledge and failure to operate a food service establishment in accordance with the City of Norman ordinances may make the license subject to suspension or revocation, requiring cessation of operations, and that such violation may cause such license holders or their responsible officers subject to municipal charges.

Applicant's Signature

TO BE COMPLETED IF CORPORATION OR PARTNERSHIP

OFFICERS

(Name)

MAILING ADDRESS

TELEPHONE NUMBER
