

**FOOD PERMIT  
BUSINESS INFORMATION VERIFICATION**

NAME OF BUSINESS \_\_\_\_\_ STORE # \_\_\_\_\_

OKLAHOMA TAX COMMISSION SALES TAX PERMIT # \_\_\_\_\_

OWNER OF BUSINESS OR MANAGER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**ADDRESS TO SEND CORRESPONDENCE, IF DIFFERENT FROM ABOVE:**

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

CITY USE ONLY

\_\_\_\_\_ PERMIT FEE \$ 50.00

\_\_\_\_\_ COPY OF OKLAHOMA STATE DEPT OF HEALTH PERMIT ATTACHED

\_\_\_\_\_ COPY OF OKLAHOMA TAX COMMISSION SALES TAX PERMIT ATTACHED

\_\_\_\_\_ PERMIT ISSUED – PERMIT EXPIRES DECEMBER 31ST OF EACH YEAR

\_\_\_\_\_ NEW LICENSE - CHECK FOR OCCUPANCY PERMIT

\_\_\_\_\_ RENEWAL

\_\_\_\_\_ TAKING OVER EXSISTING BUSINESS FROM: \_\_\_\_\_  
AS OF \_\_\_\_\_ (CHECK FOR OCCUPANCY PERMIT)