



Agritourism Food Establishment Permit Application

Business Name: _____

Contact Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Email: _____

- Please submit a list of the public events you plan to operate with this permit.
- If you decide to add events later, please resubmit a comprehensive list of events.
- You are required to notify the Health Department of additional events at least 14 days in advance.

* I hereby consent to allow CUPHD staff to enter the premises where food is prepared, cooked, or stored for the Agritourism Food Establishment.

Applicant's Signature: _____ Date: _____

- Permits are valid for the calendar year, renewable on January 1st of each year.
- Permits are non-transferable.

Office Use Only

Permit Fee: \$350 Amount Paid: _____ Permit #: _____

Date Received: _____ Received by: _____ Receipt #: _____

Payment Method: Cash Credit Card Check #: _____