

**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

- |   |  |
|---|--|
| <input type="checkbox"/> Bakery             | <input type="checkbox"/> Bar-Club-Tavern |
| <input type="checkbox"/> Caterer            | <input type="checkbox"/> Candy & Gifts   |
| <input type="checkbox"/> Convenience Store  | <input type="checkbox"/> Delicatessen    |
| <input type="checkbox"/> Fruit & Vegetables | <input type="checkbox"/> Grocery         |
| <input type="checkbox"/> Meat Market        | <input type="checkbox"/> Restaurant      |
| <input type="checkbox"/> Snack Bar          | <input type="checkbox"/> 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.

\* \* \* \* \*

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

---

---

---

---