APPLICATION FOR FOOD LICENSE

FOOD LICENSE: $100.00 Initial Fee; $50.00 Annual Renewal Fee.
(Licenses shall expire one year after date of issuance)

Cheyenne Office Use Only

LICENSE ACCOUNT NUMBER	ACTIVATION DATE	CHECK NO/CASH
		1002

LICENSE APPLICATION INFORMATION (to be completed by applicant)

Type of Application:

☒ New ☐ Change of Location ☐ Change of Owner

If change of owner or location, previous establishment name/location: _____

- *Establishment Information* -

Establishment Name: Centenario Restaurant **Person in Charge on Site:** Jose Fraire

Physical Address: 1414 W 2nd Street

City: Gillette **State:** Wy **Zip:** 82716

Business Phone Number: 3076702022 **Person in Charge on Site Phone:** 307 299 4074

Email: _____ **Fax:** _____

- *Owner Information* -

Name of Owner : Jose Fraire

Name of Company (if applicable): _____

Parent Company (if applicable) : _____

Address: 1414 W 2nd Street

City: Gillette **State:** Wy **Zip:** 82716

Owner Phone Number: 307 299 4074

Form of Organization:

☐ Individual ☐ Association ☒ Corporation

☐ Partnership ☐ Other Entity _____

*****INDICATE WHERE TO MAIL ALL CORRESPONDANCE** 1 **(1=ESTABLISHMENT; 2=OWNER; 3=EMAIL)*****

Type of Establishment (please check applicable box)

☒ Food Service ☐ Grocery ☐ Convenience ☐ Meat Plant ☐ Distributor ☐ Warehouse ☐ Dietary Supplement Processor ☐ Institution
☐ Guest Ranch ☐ Dairy ☐ Bulk Water ☐ Bar ☐ Mobile ☐ Commissary Dependent Mobile ☐ Retail Processor
☐ Retail Pre-Packaged ☐ School ☐ Hotel ☐ Bed and Breakfast ☐ Seasonal Facility
☐ Manufactured Food Processor; Type of Food: _____

I ATTEST TO THE ACCURACY AND INFORMATION PROVIDED IN THIS APPLICATION. I AGREE TO COMPLY WITH ALL APPLICABLE WYOMING LAWS AND REGULATIONS AND I UNDERSTAND THAT EACH SECTION OF THE LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE. I AGREE TO ALLOW THE REGULATORY AUTHORITY ACCESS TO MY ESTABLISHMENT. LATE RENEWAL PAYMENTS WILL RESULT IN DEACTIVATION.

SIGNATURE OF APPLICANT	DATE	APPROVING OFFICIAL	COUNTY
Jose Fraire	10-17-16	Deborah Daw	17

Make Checks Payable to:
WYOMING DEPARTMENT OF AGRICULTURE
CONSUMER HEALTH SERVICES SECTION
2219 CAREY AVE.
CHEYENNE, WY 82002
(307) 777-7211
State Relay Service at 7-1-1 or 1 800 877-9965

Instructions: A plan review must be submitted before this application can be considered, unless this is a change of ownership. Submit this application to your inspector of the WY Department of Agriculture or local County Health Dept. Complete all sections. If a section is not applicable enter "N/A". If additional space is needed for any item, attach additional sheet.

EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICES

White copy to Cheyenne----Yellow copy inspector----Pink copy establishment