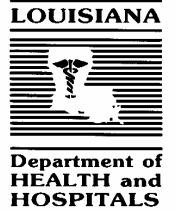




STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Kathleen Babineaux Blanco
GOVERNOR

Frederick P. Cerise, M.D., M.P.H.
SECRETARY

APPLICATION FOR FOOD SAFETY CERTIFICATE

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____

CITY _____ PARISH _____

STATE _____ ZIP _____ PHONE NUMBER _____

NAME OF FOOD SERVICE ESTABLISHMENT _____

ADDRESS _____ PERMIT # _____

CITY _____ STATE _____ PARISH _____ ZIP _____

NAME OF TRAINING PROGRAM PROVIDER _____

DATE OF TRAINING _____ INSTRUCTOR _____

***PLEASE ATTACH A COPY OF TRAINING COURSE CERTIFICATE, AND CHECK
OR MONEY ORDER FOR \$25.00 MADE PAYABLE TO D.H.H. MAIL TO: OPH
RETAIL FOOD PROGRAM P.O. Box 4489, BATON ROUGE, LA 70821-4489***

DATE OF APPLICATION

SIGNATURE

FOR OFFICE USE ONLY

FSC CERTIFICATE # _____

METHOD OF PAYMENT

DATE ISSUED _____

CHECK # _____ M.O.# _____

DEPARTMENT OF HEALTH AND HOSPITALS - OFFICE OF PUBLIC HEALTH
SANITARIAN SERVICES - RETAIL FOOD
628 N. 4TH STREET • BATON ROUGE, LA 70802 • P.O. BOX 4489, BATON ROUGE,
LA 70821-4489

PHONE #: 225/342-7773 • FAX 225/342-7552
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