



INITIAL APPLICATION FOR FOOD, DRUG, OR LODGING LICENSE

Make check or money order payable to OSDH. Mail the fee, with the application, to the above address.

Online payments, email application to the above email address

Do not mail cash.

Licensure process is as follows:

- Contact your local county health department ([County Health Departments](#))
- Plan review and fee submission approval process (if required)
- Correctly completed application and submission of correct fee
- Inspection demonstrates compliance.

*Plan review fee and application fee are two separate fees.

ESTABLISHMENT INFORMATION:

Establishment Name: _____ Establishment # _____ County: _____

*Classification #: _____ *(Initial license application cannot be processed without a classification #, please contact your local health department if you do not have a classification number.)

Physical Address: _____
Address City State Zip

Mailing Address: _____
Address City State Zip

Establishment Ph. #: _____ Email: _____

OWNER INFORMATION:

Type: Individual Corporate Name: _____

Service/Registration Agent Name (Corporate Only): _____

Mailing Address: _____
Address City State Zip

Owner Phone#: _____ Email: _____

(Please retain copies of the completed application and all documents submitted for your records.)

***Individual owners, please fill and submit the [Affidavit of Lawful Presence](#)**

PAYMENT METHOD (Check One):

Mailed check or money order.

Paid online. Order ID (Total) #: _____ Order ID (Service fee) # _____ Order ID Date: _____

License process is not complete until application and fee is received. Upon receipt of completed and correct application and fee, a compliant inspection will trigger issuance of license.

DO NOT MAIL CASH.

If paying by check or money order, make payable to OSDH. Complete application must be sent to PO Box 268815, Oklahoma City, OK 73126.

If paying online, order ID numbers and date must be included in the space provided on the application above. Completed application can be emailed to CHSLicensing@Health.ok.gov

Signature: _____ **Date:** _____

FOR OSDH USE ONLY – NOTES