



PERMIT #: HE ____ - ____

- New Submittal
 Annual renewal

HEALTH APPLICATION - FOOD ESTABLISHMENT

This form **MUST** be completed before Health Permit(s) are issued or renewed.

The following documents are required to be submitted with this application: 1. Legible photocopy of owner or responsible officer's Texas drivers license, 2. Legible photocopy of the Certified Food Protection Manager (s) Texas drivers license, 3. Legible photocopy of the Certified Food Protection Manager (s) certification card. (All food establishments preparing food must have at least one certified Food Protection Manager on duty during all hours of operation.)

TYPE OF BUSINESS:

- RESTAURANT (\$350.00) CONVENIENCE STORE (\$200.00)
 DAYCARE (\$200.00) GROCERY STORE (\$500.00)
 CONCESSION (\$50.00) TEMPORARY (\$50.00) OTHER: _____

BUSINESS NAME: _____

CONTACT PERSON: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ESTABLISHMENT PHONE NUMBER: _____

OWNER NAME: _____

INDIVIDUAL OR CORPORATION (CIRCLE ONE). IF CORPORATION, LIST NAME REGISTERED WITH TEXAS SECRETARY OF STATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER PHONE NUMBER: _____ EMAIL: _____

IF TEMPORARY EVENT, LIST DATES OF REQUESTED OPERATION: _____

Print Name _____ Signature _____ Date _____

I hereby certify that I have read and examined this application and know the same to be true and correct. Application forms are valid only if all required information is completed. Applicant acknowledges that the health permit may be revoked or temporarily suspended if the establishment fails to comply with applicable town codes and state laws.

Office Use Only:

Approved by & Date: _____ Expires on: _____

Receipt Number _____ Cash / Check # _____