



**TOWN OF
PROSPER**
HEALTH & CODE COMPLIANCE

250 W. First Street Prosper, TX 75078
Phone: 972-346-3502 Option 4
Email Application to:
health@prospertx.gov

This form is for reference ONLY and is to be submitted through the Portal online

PERMIT: FOOD-_____

- New Submittal (CO-_____ - _____)
- Annual renewal
- Change of Ownership (CO-_____ - _____)
- Update Information Only

HEALTH PERMIT APPLICATION

Please submit the following documents with this application for consideration to obtain a permit:

- Legible photocopy of the owner or responsible person's Texas driver's license Copy of State of Texas Sales Tax
- Certificate
- Legible photocopy of the Certified Food Protection Manager(s)
- Copy of the menu(s) (New submittals & Change of Ownerships only)

All documents need to be in PDF or JPG format. Incomplete applications will not be accepted.

****All food establishments preparing food must have
at least one certified Food Protection Manager on duty during all hours of operation. ****

TYPE OF BUSINESS:

<input type="checkbox"/> RESTAURANT(\$450.00)	<input type="checkbox"/> PROSPER ISD (\$0.00)
<input type="checkbox"/> GROCERY STORE (\$700.00)	<input type="checkbox"/> PRIVATE SCHOOL(S)(\$350.00)
<input type="checkbox"/> LIQUOR STORE (\$400.00)	<input type="checkbox"/> DAYCARE (\$450.00)
<input type="checkbox"/> CONVENIENCE STORE(\$400.00)	<input type="checkbox"/> CONCESSION(\$50.00)
<input type="checkbox"/> MICRO MARKET (\$275.00) (self-checkout kiosks)	

****Must renew annually by February 1st of every year****

Late payments: 1-5 days late: 50% additional of permit fee if 6+ days late: 100% additional of permit fee

Business Name: _____

Contact/Responsible Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Establishment): _____ E-mail Address: _____

Owner Name: _____ Owner Phone: _____

TEXAS SALES TAX INFORMATION

Individual or Corporation. If Corporation, list name registered with Texas Secretary of State:

Individual/Corporation Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Print Name: _____ Date: _____

Signature: _____

I certify that submitted information is correct, and I fully understand that any deviation from the above without prior permission from the Town of Prosper and the regulatory authority may nullify the permit. 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 the applicable Town Code of Ordinances and State and Federal laws. After this application has been filed, the permit fee will not be refunded regardless of approval or denial of the permit. The permit is non transferable. I understand that I will notify the Health Division if any of the above information changes within ten(10) business days to avoid enforcement actions.