



PERMIT #HE_____ - _____

- New Submittal
- Annual renewal
- Change of Ownership

HEALTH PERMIT APPLICATION

Please submit the following documents with this application for consideration to obtain a permit: 1. A legible photocopy of the owner or responsible person's Texas driver's license, 2. Copy of State of Texas Sales Certificate 3. A legible photocopy of the Certified Food Protection Manager(s). 4. Copy of the menu(s) (New locations only).

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

****Must renew annually by February 1st of every year****
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

TYPE OF BUSINESS:

- RESTAURANT (\$350.00)
- CONVENIENCE STORE(\$275.00)
- DAYCARE (\$350.00)
- GROCERY STORE (\$500.00)
- CONCESSION (\$50.00)
- SCHOOL(S) (**\$350.00**) (PISD No Fee)

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

BUSINESS NAME: _____

CONTACT PERSON: _____

STREET ADDRESS: _____

EST. PHONE NUMBER: _____ E-MAIL ADDRESS: _____

OWNER NAME: _____ OWNER PHONE #: _____

TEXAS SALES TAX INFORMATION (PROVIDE COPY OF CERTIFICATE)

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

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Print Name _____ Signature _____ Date _____

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.