



HEALTH PERMIT APPLICATION

NEW: _____ RENEWAL: _____ FEE: \$ _____ DATE: _____

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different): _____

E-MAIL ADDRESS: _____

OWNER (Name, Address & Phone): _____

MANAGER (Name, Address & Phone): _____

TYPE OF ESTABLISHMENT:

Restaurant _____	Mobile Vendor _____	Concession area _____	Day Care Centers _____
School Cafeteria _____	Nursing Home _____	Bed & Breakfast _____	Seasonal _____
Grocery Store (produce/dry goods) _____	Deli _____	Bakery _____	Convenience Store _____
Foster Home _____	Catering Kitchen _____	Other _____	

Attach a copy of all Certified Food Managers certificates.

CERTIFIED MANAGER

EXPIRATION DATE

GREASE TRAP SIZE: _____ gallons FREQUENCY OF SERVICE: _____

SERVICED BY: _____

MOBILE VENDOR REQUIREMENTS: Attach copies of all required documentation, will be verified.

Texas Driver's License/Identification Card # _____ Expiration Date: _____

State Vehicle Registration: State _____ License Plate : _____ Expiration Date: _____

Vehicle Insurance Company: _____ Expiration Date: _____

Texas State Sales Tax & Use Tax Permit _____

Commissary Operators Authorization _____

LOCATION & PHONE NUMBER OF KITCHEN OR WAREHOUSE: _____

SIGNATURE

DATE

Environmental Health Department
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