



**SEASONAL**  
**HEALTH PERMIT APPLICATION**

**Dates of operation:** \_\_\_\_\_  
*(Seasonal permits only good for 6 months)*

NEW: \_\_\_\_\_ FEE: \$ 125.00 \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OWNER (Name, Address & Phone): \_\_\_\_\_

MANAGER (Name, Address & Phone): \_\_\_\_\_

**TYPE OF ESTABLISHMENT:**

Mobile Vendor \_\_\_\_\_ Concession \_\_\_\_\_ Summer Feeding/Feeding program \_\_\_\_\_  
Seasonal Snow Cone \_\_\_\_\_ 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**