



# 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): \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

**TYPE OF ESTABLISHMENT:**

Restaurant \_\_\_\_\_ Concession \_\_\_\_\_ Day Care Center \_\_\_\_\_ Daycare w/ Food \_\_\_\_\_  
School Cafeteria \_\_\_\_\_ Hospital/Nursing \_\_\_\_\_ Bed & Breakfast \_\_\_\_\_ Grocery \_\_\_\_\_  
Deli \_\_\_\_\_ Meat Mkt \_\_\_\_\_ Produce \_\_\_\_\_ Fish Mkt \_\_\_\_\_ Bakery \_\_\_\_\_ Convenience Store \_\_\_\_\_  
Snack Bar \_\_\_\_\_ Foster Home \_\_\_\_\_ Other \_\_\_\_\_ Hotel/Motel \_\_\_\_\_ Continental Breakfast \_\_\_\_\_

Attach a copy of all Certified Food Managers certificates.

**CERTIFIED MANAGER**

**EXPIRATION DATE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GREASE TRAP SIZE: \_\_\_\_\_ gallons FREQUENCY OF SERVICE: \_\_\_\_\_

SERVICED BY: \_\_\_\_\_

**Office Use Only: Attach copies of all required documentation, must be verified.**

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

Texas State Sales Tax & Use Tax Permit \_\_\_\_\_

DayCare Menu: \_\_\_\_\_ Daycare Letter of Intent (new owner/const) \_\_\_\_\_ Daycare Emerg Exit plan: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Environmental Health Department  
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