

Please mail application & fee to:

Tarrant County Public Health  
 Environmental Health Promotion  
 1101 S. Main Street, Room 2300  
 Fort Worth, Texas 76104  
 817-321-4960



# Public Health

## FOOD ESTABLISHMENT PERMIT APPLICATION

- \_\_\_\_\_ New Facility
- \_\_\_\_\_ Change of Ownership
- \_\_\_\_\_ Change of Address

<b>Site Information</b> <input type="checkbox"/> <i>unincorporated Tarrant County</i>		Area	Phone
Establishment Name			
Address			
City			State Zip
Email (to be utilized for receipt of official inspection reports and notices)			
<b>Owner Information (Legal Name of Business Ownership)</b>		Area	Phone . . . . .
Name:			
Address:			
City			State Zip
Email (to be utilized for receipt of official inspection reports and notices)			
<b>Billing Information</b> <i>choose</i> <input type="checkbox"/> <i>Site Address</i> <input type="checkbox"/> <i>Owner Address</i>		Area	Phone . . . . .
C/O			
Address			
City			State Zip
<b>Operation Type</b> <i>choose one that best describes your base operation</i>		<b>Square Footage</b> <i>of entire establishment</i>	
<input type="checkbox"/> Food Store			
<input type="checkbox"/> Food Service			
<input type="checkbox"/> Child Care			
<input type="checkbox"/> Food Court			
<input type="checkbox"/> Catering Operation			
<input type="checkbox"/> Commissary			
<b>Sub-Operation(s)</b> <i>includes other operations conducted in addition to base operation, such as convenience store snack bar, restaurant lounge or bar, grocery store department (deli, bakery, meat or seafood market), off-site catering, commissary or other business division.</i>			
1.	2.	3.	4.
5.	6.	7.	8.
Applicant's Name <i>Printed</i>		Signature	Title
X		X	<input type="checkbox"/> Owner
			<input type="checkbox"/> Authorized Agent

Office Use Only

Site #: \_\_\_\_\_ Fee: \_\_\_\_\_ Fee Exempt  Effective Date: \_\_\_\_\_ Sanitarian: \_\_\_\_\_