



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

FOOD ESTABLISHMENT PERMIT APPLICATION

_____ New Facility
 _____ Change of Ownership
 _____ Change of Address

Site Information <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)			
Owner Information (Legal Name of Business Ownership)		Area	Phone
Name:			
Address:			
City			State Zip
Email (to be utilized for receipt of official inspection reports and notices)			
Billing Information <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
Operation Type <i>choose one that best describes your base operation</i>		Square Footage <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			
Sub-Operation(s) <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		Title	
<input checked="" type="checkbox"/>		<input type="checkbox"/> Owner	
<input type="checkbox"/>		<input type="checkbox"/> Authorized Agent	

Office Use Only

Site #: _____ Fee: _____ Fee Exempt Effective Date: _____ Sanitarian: _____