



Health Permit Application

Environmental Health Division

972.919.2539

Permit Number: _____

Receipt No: _____

CO #: _____

TYPE OF APPLICATION:

☐ *New Permit ☐ Renewal ☐ *Change of Ownership ☐ Name Change

** Please provide floor plans and a completed Health Plan Review application*

Required: Business Information

Name of Business:		Address:	
Business Owner:		Office #:	Cell #:
Address:		Email:	

Fill Out this section for a: Food Establishment, Child Care Facility/Seasonal/Temporary

☐ **Food Establishment:**

- ☐ Grocery
- ☐ Restaurant
- ☐ Hotel/Motel (full service kitchen/light food service)
- ☐ Child Care Facility
- ☐ Bakery
- ☐ Deli
- ☐ Coffee Shop
- ☐ Other: Please specify: _____

☐ Temporary Permit (1-14 days) Dates: _____
Name of the Event: _____

☐ Seasonal Permit (15-180 days) Dates: _____

Fill out this section for a: Mobile Food Unit(s)

☐ **Construction Site Food Truck/Hot Truck:**

Veh. Lic.# _____, TX Drivers Lic.# _____

☐ **Mobile Food Truck/Mobile Food Trailer:**

Veh. Lic.# _____, TX Drivers Lic.# _____

☐ **Mobile Ice Cream Vehicle/Cold Truck/Catering Vehicle:**

Veh. Lic.# _____, TX Drivers Lic.# _____

Food Protection Manager (Name):	Office #:	Cell #:
Address:		Email:

Fill out this Section for: Swimming Pool, Spa and/or PIWF

(Please submit a separate application for each pool/spa/PIWF/Therapy Pool)

☐ Swimming Pool ☐ Therapy Pool ☐ Spa ☐ PIWF (Public Interactive Water Feature)

Cert. Pool Operator (Name):	Office #:	Cell #:
Address:		Email:

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. (AN INCOMPLETE APPLICATION MAY NOT BE ACCEPTED). ANY CHANGES WILL BE PROMPTLY FORWARDED TO THE ENVIRONMENTAL HEALTH DIVISION. I UNDERSTAND THAT THE PERMIT FEE IS NON-REFUNDABLE, REGARDLESS OF APPROVAL OR DENIAL OF PERMIT. ANY PERMIT GRANTED ON THIS APPLICATION MAY BE SUSPENDED OR REVOKED IF FAIL TO COMPLY WITH THE CITY'S RULES & REGULATIONS.

APPLICANT NAME (Print):	SIGNATURE:
CONTACT PHONE:	DRIVERS LICENSE #:
Applicant is: <input type="checkbox"/> Business Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other (Please specify): _____	

FEE SCHEDULE

Review of food establishment plans and preoperational inspection: \$45

Permit to operate a food service establishment (determined by number of employees):

- o 1 – 9 Employees: \$200
- o 10 – 19 Employees: \$300
- o Over 19 Employees: \$400
- o Issuance of a duplicate permit: \$5

Permit to operate a Mobile Food Unit (determined by the type of vehicle):

- o Catering vehicle/Cold Truck/Ice Cream Truck: \$200
- o Construction Site Food Truck/ Hot Trucks: \$300
- o Seasonal Food Establishment: \$200
- o Temporary Food Establishment: \$150

Swimming Pool/Spa/PIWF: \$125 each

RETURN APPLICATION TO:

City of Farmers Branch |Environmental Health Division |P.O. Box 819010 |Farmers Branch, Texas 75381-9010