



City of Heath

200 Laurence Drive
Heath, Texas 75032

Inspection 972-961-4895 Fax 469-273-4015

Food Service Establishment Permit Application

Application Date: _____

Name of Establishment: _____

Address of Establishment: (IF Temporary give location of EVENT)

Street	City /State	Zip
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Contact Name/Manager: _____ Drivers Lic #: _____ State _____

Name of Owner: _____ Phone # (_____) _____

Owners Address: _____

Street	City, State, Zip
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Number of Employees _____ # of State Certified Food Service Mgrs: _____

Seating Capacity _____ Square Footage _____ Hours of Operation _____

Is Facility Temporary? If so, number of Days to operate? (Not to exceed 14 days) _____

Does the Establishment Have A Grease Trap? _____ If yes, capacity: _____ lbs.

Grease Trap Service Company: _____

Pest Control Company: _____

Please check type of facility and include the appropriate Permit Fee:

_____ Restaurant/Club \$ 250.00 _____ Convenience Store \$ 250.00

_____ Grocery (Per Dept) \$ 150.00 _____ Day Care \$ 150.00

_____ Temporary Event \$ 75.00 _____ RISD \$ Exempt

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, all provisions of the City Ordinances and State Laws will be complied with, whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the above establishment or authorized employee. Permission is hereby granted to enter premises and make all inspections.

Applicant's Signature: _____ Today's Date: _____

* OFFICE USE ONLY *

Date Issued: _____ Approved By: _____

Permit #: _____ Expiration Date: _____