



Ector County, Texas

APPLICATION FOR HEALTH PERMIT (City)

PLEASE CHECK ONE: _____ Annual Renewal _____ Application For Permit

INSTRUCTIONS: Please complete the application in detail. A permit application must be submitted for each establishment. Refunds of any fees collected will be reviewed by the Director on a case-by-case basis and approved under extenuating circumstances. **Print** or **type** the requested information. *Submit this application (by mail or in person) with the appropriate fee.*

Facility Information

Facility Name: _____
 Facility Address: _____
 City: _____ Zip code: _____
 Hours of Operation: _____ Business Phone: _____
 Owner's Name: _____ Owner's Phone: _____
 Owner's Address: _____
 Billing Email (must fill out): _____
 Manager's name: _____ Copy of menu provided: Yes No
 Certified Food Manager (CFM) present: Yes No CFM expiration date: _____
 Type of Facility: Restaurant Retail Store Grocery store
 Snow Cone Stand Coffee Stand Bar
 Does the facility cater or deliver? Yes No
 Does the facility have a mobile food truck? Yes No
 (If yes, then please fill out a mobile unit application along with this one)
 Is the facility connected to a Public water supply Water well

The applicant hereby acknowledges an understanding of the provisions of the ordinance relative to the payment of fees, expiration date of permit, renewal requirements, permit suspension and review of plans for new construction, remodeling, or conversions.

Permit Fee Charges

Employees	City Fees
___ 1-10	\$140.00
___ 11-35	\$300.00
___ 35+	\$600.00
___ Snow-cone Stand	\$100.00
___ Coffee Stand/Shop	\$100.00
___ Nursing Home	\$300.00

Signature of Applicant Date

Office use only:

Date: _____ Facility FA Number: _____

Reviewed and Approved by: _____

Scanned to Envision Connect

Payment Type: Cash Check Number _____
 Credit/Debit Treasurer