



Ector County, Texas

## APPLICATION FOR HEALTH PERMIT

PLEASE CHECK ONE:  Annual Renewal  Application For New Permit

**INSTRUCTIONS:** Please complete the application in detail. **Note:** This health permit is valid from January 1<sup>st</sup> to December 31<sup>st</sup> of 2026. *Submit this application (by mail or in person) with the appropriate fee and required documents.*

### Facility Information

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Owner's Name \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email (**Required:**): \_\_\_\_\_ (will be used to send permits, invoices etc.)

Manager's name: \_\_\_\_\_

Certified Food Manager (CFM)/Food handler: Must provide copies prior to receiving permit

Type of Facility:  Restaurant  Retail Store  Grocery store  Other \_\_\_\_\_

Coffee Stand  Bar

Please provide a copy of the menu each year.

Does the facility cater or deliver?  Yes  No

Does the facility have a mobile food truck or catering vehicle?  Yes  No (If yes, please fill out a mobile unit application along with this one)

Is the facility connected to a  Public water supply  Water well (Must provide copy of last well test or have well tested for bacteria).

Is the facility connected to a  City Sewer  Septic System (On-Site Sewage Facility) Documents needed along with the completed application.

Payment: Cash/Credit card/Check \_\_\_\_\_  
(check number)

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. This form must be completed & returned for change of ownership, change of location and is requested when establishment is no longer in business so that account may be made inactive. Late fees: \$100.00 will be applied on the first day of the first month after the permit expires.

Signature of Applicant  
Office use only:

Date

Date: \_\_\_\_\_ Facility FA Number: \_\_\_\_\_  
Reviewed and Approved by: \_\_\_\_\_

Revised 08/18/2025

#### Permit Fee Charges

**\$773.00**

Optional Discount:

\$0-49,999.99-\$258

\$50,000-149,999.99-\$515

\$150,000 and more - \$773

Each additional

Inspection \$150.00

Optional: You may be eligible for a discount, but you must submit the most recent copy of your tax filing and income paperwork for the business in question to our office with the application. This must represent the gross annual volume of sales.