



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 1st to December 31st 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: <u>Must provide copies prior to receiving permit</u>	
Type of Facility: <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail Store <input type="checkbox"/> Grocery store <input type="checkbox"/> Other _____	
<input type="checkbox"/> Coffee Stand <input type="checkbox"/> Bar	
Please provide a copy of the menu each year.	
Does the facility cater or deliver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the facility have a mobile food truck or catering vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill out a mobile unit application along with this one)	
Is the facility connected to a <input type="checkbox"/> Public water supply <input type="checkbox"/> Water well (Must provide copy of last well test or have well tested for bacteria).	
Is the facility connected to a <input type="checkbox"/> City Sewer <input type="checkbox"/> 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.