



Ector County, Texas  
**APPLICATION FOR HEALTH PERMIT (County/outside city limits)**

PLEASE CHECK ONE: \_\_\_\_\_ Annual Renewal \_\_\_\_\_ Application For Permit

**INSTRUCTIONS:** Please complete the application in detail. **Note:** A health permit is valid from January 1<sup>st</sup> to December 31<sup>st</sup> of every year. Payments made after January 31<sup>st</sup> of every year (after 1 month of grace period) will be charged a double fee. **Submit this application (by mail or in person) with the appropriate fee (based on the number of employees working in your establishment)**

**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 (**must fill out**): \_\_\_\_\_ (Used for billing purposes)  
Manager's name: \_\_\_\_\_  
Certified Food Manager (CFM) present: Yes No CFM expiration date: \_\_\_\_\_  
Type of Facility: Restaurant Retail Store Grocery store  
Snow Cone Stand Coffee Stand Bar  
Any changes to the menu from last year? Yes No (If yes, please provide a copy of the menu)  
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  
Is the facility connected to a City Sewer Septic System (On-Site Sewage Facility)  
Documents needed along with the completed application:  
CFM Certificate 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.

\_\_\_\_\_  
Signature of Applicant Date  
Office use only:  
Date: \_\_\_\_\_ Facility FA Number: \_\_\_\_\_  
Reviewed and Approved by: \_\_\_\_\_  
 Scanned to Envision Connect

Permit Fee Charges	
<u>Employees</u>	<u>County Fees</u>
___ 1-10	\$140.00
___ 11-35	\$175.00
___ 35+	\$300.00
___ Snow-cone Stand	\$100.00
___ Coffee Stand/Shop	\$100.00
___ Nursing Home	\$300.00