Real East Texas
CITY OF LONGVIEW
ENVIRONMENTAL HEALTH

FOOD ESTABLISHMENT PERMIT APPLICATION

ENVIRONMENTAL HEALTH

GENERAL INFORMATION

Establishment Name:	
Establishment Address:	
Establishment Phone Number:	Email Address:
Owner Name:	Owner Phone Number:
Manager Name:	Manager Phone Number:
Emergency Contact & Phone Number:	
Billing Address:	

I attest that the information provided above is true and accurate. I agree to comply with the City of Longview Health Codes and understand that failure to do so may result in revocation or suspension of the permit. I understand that the permit will lapse if the annual permit fee is not paid prior to January 1st of each year, and that a late fee penalty of $100 must be paid. I understand that this permit is granted to the above listed owner(s) at the above listed location for the type of food service listed above. I further understand that this permit is not transferable and that these fees are non-refundable.

Applicant's Signature Date

Drivers License Number State

City of Longview Use Only

Establishment Type_____ Permit #_____ Assigned to_____ Frequency_____

Pre-Operational Inspection Fee:_____$200

Annual Permit Fee:$_____

Total Amount Due:$_____

Received by_____