



Permanent Food Establishment Permit Application

Permit Number _____

All Food Establishment Permits expire one year from the date of issue. Every 30-day lapse will result in a \$25 fee. All permits will be sent to the email provided on the application. Be sure to post permit conspicuously inside establishment.

☐

New

☐

Renewal

Establishment Information

Establishment Name _____

Address _____

Phone Number _____

Contact Email _____

Square Footage _____

Days and Hours of Operation _____

Number of Employees _____

Certified Food Manager Name _____

Provide a copy of the Certified Food Manager's Certification and valid State identification PDF format

If there have been any changes to the Food Establishment (such as replacing or adding equipment, menu changes or a remodel) please provide details below. Otherwise type N/A below.

Business Owner Information

Business Owner Name _____

Home Phone Number _____

Home Address _____

Contact Email _____

Property Owner Information

Property Owner Name _____

Owner Phone Number _____

Owner Address _____

Contact Email _____

By signing this application, you understand and agree to the City Ordinance requirements to hold and obtain a health permit. You understand that by violating these requirements you may lose the rights to hold the permit.

Applicant Signature _____

Applicant Name _____

408 SOUTH ROGERS | P.O. BOX 757 | WAXAHACHIE, TX 75168 | (469)309-4020

www.waxahachietx.gov | EMAIL: bcservices@waxahachietx.gov

This document is for informational purposes only and serves to provide guidance for information required to be submitted for the type of permit referenced in the title. This document is not an all-inclusive list of requirements and shall not be relied on in place of official regulations and/or policies.

Revised. 05/26