

Health Permit Checklist

- ___ Application
- ___ Sales Tax ID/ EIN #
- ___ Lease Agreement
- ___ Food to be sold (picture of menu)
- ___ Employees Information
 - Food Handler's Certificate (copy)
- ___ Grease Trap (copy)
- ___ Pest Control (copy)
- ___ Alcohol & Beverage
- ___ Fire Marsal Inspection

Temporary Permit, not to exceed 14 days \$55

Establishment employing 10 or employees or less \$150

Establishment employing 11 to 20 \$200

Establishment employing 21 or more \$250

Follow Inspection \$75.00

Penalty Fine (Beginning the day after Expiration Date) \$100.00

Phone:956-272-2418

Email: tmedina@cityofelsa.net kvaldez@cityofelsa.net



Alonzo "Al" Perez Jr., Mayor
Victor Hernandez, Mayor Pro-Tem
Carlos "Cory" Sanchez, Councilman Pl. 1
Fernando Rosa, Councilman Pl. 3
Frances S. Rocha, Councilwoman Pl. 4
Juan Jose "JJ" Ybarra, City Manager

HEALTH PERMIT APPLICATION

City of Elsa Health Department
102 S. Diana, Elsa, TX 78543
Phone 956-262-2127 Ext #3
Email: tmedina@cityofelsa.net kvaldez@cityofelsa.net

Today's Date _____

TEXAS SALES TAX ID: _____ (Submit Copy)

New _____ Renewal _____ Change of Owner _____

Name of Facility: _____ (Attach Lease Agreement) SQ FT _____

Phone: _____

Address of Facility: _____

Does the Business do Catering? Yes or No

Owner's Name or Corporation: _____

Owners or Corporation Address: _____

E-mail Address: _____

Former Name of Facility (if applicable): _____

Normal Working Hours and Days Open for Business: _____

Number of Employees: Less than 10 or 11 or more

Signature of Owner: _____

Print Name of Above Signature: _____

(Attach menu or food products to be sold or handling)

Employee Information

Must submit: Food Handlers Certificate and ID for each employee

Employee name: _____ Phone: _____ Position: _____

Employee name: _____ Phone: _____ Position: _____

Employee name: _____ Phone: _____ Position: _____

Employee name: _____ Phone: _____ Position: _____

Employee name: _____ Phone: _____ Position: _____

Employee name: _____ Phone: _____ Position: _____

Employee name: _____ Phone: _____ Position: _____

P.O. BOX 427 ELSA, TEXAS 78543 • PHONE (956) 262-2127 • FAX (956) 262-5002

The City of Elsa is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.