HEALTH PERMIT APPLICATION

ESTABLISHMENT INFORMATION

□ New Establishment □ New Owner □ Annual Renewal

□ Mobile Food Vendor □ Change of Address

Business Name:

Physical Address: Ste. #:

(If Mobile unit, commissary address)

City/State/Zip:

Business Contact Name:

Mailing Address: Ste. #:

City/State/Zip:

Email: Phone:

Mobile Vendors License Plate # being registered:

Operation Type (choose one that best describes your base operation):

□ Retail Food Store (i.e. grocery store) □ Child Care Center

□ Retail Food Establishment (i.e. restaurant) □ Other (please explain):

List any other operations conducted at this establishment (includes liquor or food service, catering service, commissary, grocery, or other sub-operations conducted in addition to the base operation):

Hours/Days of Operation:

Is this establishment of a non-profit organization?	□ Yes	□ No
Is this establishment served by an individual water well?	□ Yes	□ No
Is this establishment served by an on-site sewer system (septic)?	□ Yes	□ No

This permit is to be renewed annually. Renewal notices will be mailed: however, it is the responsibility of the permit holder to ensure that the permit is renewed if a notice is not received. Change of ownership or change of location requires a new permit. This application must be completed and accompanied by a permit fee of $400.00 prior to issuance of a food establishment permit.

Printed Name:

Signature: Date:

Please submit to permits@roanoketexas.com with supporting documents.

City of Roanoke | 500 S. Oak Street | Roanoke, TX 76262 | 817-491-2411