



FOOD ESTABLISHMENT PERMIT APPLICATION

Waco-McLennan County Public Health District

Environmental Health Division

225 West Waco Drive, Waco, Texas 76707

Phone: (254) 750-5464 Fax: (254) 750-5424

Email: ENVHealth@wacotx.gov



PLEASE READ ENTIRE APPLICATION AND FILL IN ALL BLANKS COMPLETELY. FAILURE TO DO SO CAN RESULT IN DELAYS.

This application is hereby made for a permit to operate a food establishment. By this application it is agreed that the establishment will comply with the provisions of the food regulations applicable to this type of establishment. It is further agreed that the said establishment shall be open to inspection by the Waco-McLennan County Public Health District.

Name of Establishment (DBA): _____ **Business Phone:** _____

Legal Name (if applicable): _____

Corporation LLC LLP Partnership Sole Proprietorship Non-Profit

Owner: _____ **Phone Number:** _____

Physical Address: _____
Street City State Zip Code

Mailing/Billing Address: _____
Street City State Zip Code

Email Address: _____

Type of Establishment (BE SPECIFIC): _____

(Examples: restaurant, convenience store, school, childcare, concession stand, bakery, etc.)

Total number of dining seats: _____ **Building square footage:** _____

Days of week and hours of operation: _____

Is location of establishment zoned for commercial/business use? YES NO (check one)

If no, STOP application and request additional information. Food establishments cannot be located in residences.

If the establishment is new construction, remodeled, or converting an existing structure then properly prepared plans and specifications showing layout, sizes, equipment, facilities, and materials used must be submitted with application for approval.

Are plans submitted? YES NO N/A (check one)

Upon receipt of this application and notification by applicant that establishment is ready for inspection; the sanitarian shall make an inspection of the food establishment to determine compliance with the food regulations. When inspection reveals that the applicable requirements have been met, a permit shall be issued to the applicant by mail. Please make checks payable to "City of Waco". Permits and fees are non transferable and non refundable.

Date of Application **Applicant Signature** **Applicant Name (Printed)**

Office Use Only **Notes:** **Area:** _____

____ EnerGov _____ File/Label
____ FE Info Packet _____ Copy to Inspector