



# 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:** \_\_\_\_\_

**Name of Corporation or Partnership (if applicable):** \_\_\_\_\_

**Owner/Person Responsible:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

Establishment Street City State Zip Code

**Mailing Address:** \_\_\_\_\_

Street City State Zip Code

**Type of Establishment (BE SPECIFIC):** \_\_\_\_\_

*\*\* If establishment is a mobile or roadside vendor, request and complete additional application page.*

*\*\* If establishment is temporary, STOP and request different application.*

**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.*

**In what city is the establishment located?** \_\_\_\_\_

**Is it located outside the city limits?**  YES  NO (check one)

**What are the number of dining seats?** \_\_\_\_\_

**What is the square footage of the building's floor area?** \_\_\_\_\_

If the establishment is new construction, remodeled, or converting an existing structure for use as a food establishment, properly prepared plans and specifications showing layout, sizes, equipment, and facilities must be submitted with application 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, and permit fees have been paid, a permit shall be issued to the applicant. Permits and fees are not transferable or refundable. If paying by check, please make it payable to "City of Waco".

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

**Office Use Only** \_\_\_\_\_ **Notes:** \_\_\_\_\_ **Area:** \_\_\_\_\_

\_\_\_\_ EnerGov \_\_\_\_\_ FM/FSC Information \_\_\_\_\_ File/Label  
\_\_\_\_ FE Info Sheet \_\_\_\_\_ Hand Wash Signs \_\_\_\_\_ Copy to Inspector

**Required Supplemental Information—Contacts**

**Please Print Legibly-Please fill out all that apply if different from information already given on application.**

**Title: OWNER**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Email (Required)** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Other Phone** \_\_\_\_\_

**Mailing Address if different from Business**

\_\_\_\_\_

**Street or PO Box** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

\_\_\_\_\_

**Title: BILLING PARTY (If different from the owner/or different mailing address)**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Email (Required)** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Other Phone** \_\_\_\_\_

**Mailing Address if different from Business**

\_\_\_\_\_

**Street or PO Box** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**ADDRESSEE NAME OR DEPARTMENT (If different)**

\_\_\_\_\_

**Is this a Corporate entity? Yes No (Circle one)**