



Please mail application & fee to:

Tarrant County Public Health
 Environmental Health Promotion
 1101 S. Main Street, Room
 2300 Fort Worth, Texas 76104
 817-321-4960

FOOD ESTABLISHMENT PERMIT APPLICATION

_____ New Facility
 _____ Change of Ownership
 _____ Change of Address

Site Information <input type="checkbox"/> <i>unincorporated Tarrant County</i>										Area		Phone	
Establishment Name													
Address													
City								State		Zip			
Email													
Owner Information										Area		Phone	
Name:													
Address:													
City								State		Zip			
Email													
Billing Information <i>or choose</i> <input type="checkbox"/> <i>Site Address</i> <input type="checkbox"/> <i>Owner Address</i>										Area		Phone	
C/O													
Address													
City								State		Zip			
Email													
Operation Type <i>choose one that best describes your base operation</i>					Square Footage <i>of entire establishment</i>								
<input type="checkbox"/> Food Store													
<input type="checkbox"/> Food Service													
<input type="checkbox"/> Child Care													
<input type="checkbox"/> Food Court													
<input type="checkbox"/> Catering Operation													
<input type="checkbox"/> Commissary													
Sub-Operation(s) <i>includes other operations conducted in addition to base operation, such as convenience store snack bar, restaurant lounge or bar, grocery store department (deli, bakery, meat or seafood market), off-site catering, commissary or other business division.</i>													
1.		2.			3.			4.					
5.		6.			7.			8.					
Applicant's Name <i>Printed</i>					Signature					Title			
X					X					<input type="checkbox"/> Owner			
										<input type="checkbox"/> Authorized Agent			