Food Establishment Permit Fee Change Request

Tarrant County Public Health - Environmental Health

Walk-in Address: 5001 N Riverside Dr Ste 105 Fort Worth TX 76137 Walk-in Address after Oct 1, 2025: 2500 Circle Dr. Fort Worth TX 76119

Mailing Address: TCPH Attn. Environmental Health 1101 S Main St Fort Worth TX 76104

Email: ph_information@tarrantcountytx.gov Phone: 817-248-6299



This form is for the owner or authorized agent of the business to request a change in fee from the current assessed fee based on gross annual food sales of the establishment as shown on the most recently filed tax return.

Instructions:

Please submit the most recent filed annual business tax return that provides the total gross annual food sales for the establishment. This may be provided in person, mail or email. Once the appropriate fee is determined based on documentation provided, this form will be signed, and a copy will be provided to the submitter. The tax documents will be returned either to the submitter who provided them in person or appropriately discarded if mailed or emailed. The tax return must be submitted biannually to assess proper fees based on gross annual food sales. Not submitting the most recent filed tax return will result in the establishment fee being placed at the highest tier.

Application Date:/_/			Unincorporated Tarrant County ☐ Yes ☐ No		
Establishr	ment Information				
Establishm	ent:			Phone:	
Address:				City:	
State:	Zip Code:	Establishmen	t Email:		
Owner Info	ormation				
Legal Nam	e of Business Owne	ership (Ex: Inc, LLC,	Sole Proprietor):		
Phone:		•	<u>.</u>		
				City:	
Applicant Name(print):			Signature:		
Applicant T	itle □Owner □Autho	orized Agent			
For office	use only:				
Supervisor (print):			Signature:		
	nnual Food Sales 19,999.99 □ \$50,00	00 – \$149,999.99	□ \$150,000 or more		

**ALL SECTIONS MUST BE FULLY COMPLETED AND ALL DOCUMENTATION SUBMITTED BEFORE A FEE CHANGE CAN BE ASSESED

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