

Food Establishment Permit Application

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



NAME OF ESTABLISHMENT: _____

- Permits issued by Tarrant County Public Health are for the purposes of providing approval of meeting health food code requirements allowing your business to offer food for public consumption. This approval is not to be mistaken for authorization to operate in any one city jurisdiction within Tarrant County. Contact the specific city your business is operating within for any additional requirements prior to operation.
- Review of application(s) documents may take up to 10 business days
- Incomplete applications will not be accepted
- Tarrant County Public Health Environmental Health Fee schedule can be found online at Environmental Health Fee Schedule (www.tarrantcountytx.gov/eh-fees)

Food Establishment Permit Checklist: ensure all the following are completed fully and submitted with required documentation

- ☐ Menu
- ☐ Food Establishment Permit Application
- ☐ Texas Sales Tax ID for the business/location
- ☐ Proof of Ownership (if establishment holds no Texas Sales Tax Permit):
 - ☐ Articles of Incorporation
 - ☐ Warranty Deed
 - ☐ LLC paperwork
- ☐ Food Plan review application
- ☐ 1 full size set of paper and electronic plans
- ☐ Equipment specifications

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Application Date: __/__/__

Unincorporated Tarrant County ☐ Yes ☐ No

A separate application will be required for each additional permit per request.

(Ex: If owner wants to have separate permit for restaurant and lounge at a single location)

Establishment Information

Establishment Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Establishment Email: _____

Square Footage of Establishment (Food preparation, storage and service areas): _____

Owner Information

Legal Name of Business Ownership (Ex: Inc, LLC, Sole Proprietor): _____

Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Owner Email: _____

Billing/Mailing Information:

Contact Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Billing Contact Email: _____

Food Establishment Type

Choose only one that best describes your base operation:

☐ Food Store (ex. grocery, self-service market)

☐ Food Service (ex. Restaurant, bakery, snow cone) Description: _____

☐ ISD School Cafeteria operated by for-profit private contractor

☐ Farmers Market Vendor Annual

Farmers Market Name and Address: _____

City: _____ State: _____ Zip Code: _____ Farmers Market Days: _____ Hours: _____

FOR FARMERS MARKET PLEASE FILL AND SUBMIT PAGE 4 WITH THIS APPLICATION (Page 3 Not Required)

Applicant Name(print): _____ Signature: _____

Applicant Title ☐ Owner ☐ Authorized Agent

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Gross Annual Food Sales

☐ \$0 – \$49,999.99 ☐ \$50,000 – \$149,999.99 ☐ \$150,000 or more

Submit the most recent filed tax return **Not submitting the most recent filed tax return, will result in the establishment fee being placed at the highest tier.**

Texas Sales Tax ID #: _____

Plan Review Documents

- ☐ Food Establishment Plan review application
- ☐ 1 full size set of paper and electronic plans
- ☐ Equipment specifications

Applicant Name(print): _____ Signature: _____

Applicant Title ☐ Owner ☐ Authorized Agent

****ALL SECTIONS MUST BE FULLY COMPLETED AND ALL DOCUMENTATION SUBMITTED BEFORE A PERMIT WILL BE ISSUED**

Food Establishment Permit Application – Farmers Market

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Menu Information

List full menu to be served : _____

Where will the food be purchased/obtained from? _____

Will any foods be prepared prior to the start of the event? _____

If yes, where will the food be prepared? _____

All foods prepared prior to the event are required to be made in a permitted facility, **NO HOME PREPARED FOODS**. A copy of the Food Establishment Permit must be included with this application. Applications submitted without this information will be returned.

Will frozen foods be thawed at the event? _____

How will any leftovers of cooked food be handled at the end of the day? _____

Equipment Information

How will food be temperatures be checked during the event? _____

Describe equipment used at the event for:

a. Cold holding: _____

b. Hot holding: _____

c. Cooking/Reheating: _____

Describe hand washing facilities inside your temporary food establishment:

☐ Plumbed Sink

☐ Gravity Flow Set-up

Description utensil washing facilities inside your temporary food establishment:

☐ 3-Compartment Sink

☐ 3 Basin Set-up

How will hot water be made available for the hand wash and utensil washing station?

What type of sanitizer will be used at the event? _____

How will potable water obtained at the event? _____

How will waste water from hand & utensil washing be disposed? _____

Applicant Name(print): _____ Signature: _____

Applicant Title ☐ Owner ☐ Authorized Agent

****ALL SECTIONS MUST BE FULLY COMPLETED AND ALL DOCUMENTATION SUBMITTED BEFORE A PERMIT WILL BE ISSUED**