Food Establishment Permit Amendment 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 certify that your business meets 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 Permit Amendment Checklist: ensure all the following are completed fully and submitted with required documentation

- ☐ Food Establishment Permit Amendment 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 Establishment Permit Fee Change Request Form (if requesting change to permit fee)
  - ☐ Most recent filed tax return

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Application Date: __/__/____ **Unincorporated Tarrant County** □ Yes □ No

Amendment Reason: Check box and fill in information needing updating

Amendments do not apply to Farmers Market vendors

Current Establishment ID Number or Permit #:_____

□ **Establishment Information (if address change must submit proof of USPS address change otherwise a new permit application must be submitted)**

Establishment Name:_____ Phone (with area code):_____

Address:_____ City:_____

State:_____ Zip Code:_____ Location Email:_____

□ **Owner Information**

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

Phone (with area code):_____

Address:_____ City:_____

State:_____ Zip Code:_____ Owner Email:_____

□ **Billing/Mailing Information**

Contact Name:_____ Phone (with area code):_____

Address:_____ City:_____

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

□ **Gross Annual Food Sales**

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

Submit Food Establishment Permit Fee Change Request form **Not submitting the most recent filed tax return, will result in the establishment fee being placed at the highest tier.**

Texas Sales Tax ID #:_____

If the establishment requested additional permits at this location, a separate Amendment Application must be submitted for each permit.

Applicant Name(print):_____ Signature:_____

Applicant Title: □Owner □Authorized Agent

****ALL SECTIONS REQURING AN CHANGE MUST BE FULLY COMPLETED, AND ALL DOCUMENTATION MUST BE SUBMITTED BEFORE FILE CAN BE UPDATED**

Food Establishment Permit Fee Change Request

Tarrant County Public Health - Environmental Health
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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:

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, then this form will be signed, and a copy will be provided to the submitter. The tax documents will be returned either to 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

Establishment Information

Establishment:_____ Phone:_____
Address:_____ City:_____
State:_____Zip Code:_____Establishment Email:_____

Owner Information

Legal Name of Business Ownership (Ex: Inc, LLC, Sole Proprietor): _____
Phone:_____
Address:_____ City:_____
State:_____Zip Code:_____Owner Email:_____

Applicant Name(print):_____Signature: _____

Applicant Title □Owner □Authorized Agent

For office use only:

Supervisor (print): _____Signature: _____

Gross Annual Food Sales

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

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