



### Health Permit Application

The following is an application for the required Health Permit (Ordinance No. 648 – sec. 2) issued to all food establishments located in the city limits of Kilgore, Texas.

#### Owner

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Office # \_\_\_\_\_

Email: \_\_\_\_\_

#### Food Establishment

Name of Business: \_\_\_\_\_ Business # \_\_\_\_\_

Manager: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Business Address: \_\_\_\_\_ Email: \_\_\_\_\_

#### Miscellaneous

Food Mangers License  Yes  No      All Employees Have Food Handling  Yes  No

<input type="checkbox"/> New or License Expired over 2 years	Fee \$ 50.00	Normal Hours of Operation
<input type="checkbox"/> Renewal (Annually by March 31 <sup>st</sup> )	Fee \$ 25.00	

Type of Service	Notes
<input type="checkbox"/> Restaurants <input type="checkbox"/> Convenience Stores <input type="checkbox"/> Mobile Units <input type="checkbox"/> Day Care	

The above is an application necessary for securing a Food Establishment Health Permit. The Undersigned agrees that the above information is correct, and agrees to contact the Kilgore Health Department if any change in the above information occurs. Any failure to comply will result in the revocation of the permit issued.

(Print) Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_