



FOOD ESTABLISHMENT PERMIT APPLICATION
DO NOT REMIT PERMIT FEE UNTIL 4 WEEKS PRIOR TO OPENING

NEW ESTABLISHMENT NEW OWNER CHANGE OF ADDRESS OTHER

Establishment Name: _____

Establishment Address: (Physical location) _____

If mobile unit, commissary address

City, Zip: _____ Phone: _____

Owner(s) Name(s): _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

Hours/Days of Operation: _____

If mobile unit, list license number: _____

Is this a Non-Profit organization? yes Is it on an individual well? yes On a septic tank? yes

Please give a brief description of the type of operation (e.g. grocery store, convenience store with deli, restaurant etc.) and type of foods available. _____

Signature of Owner or Authorized Agent _____

Name of above, **Printed** _____

for office use only

Retail open
Fee Exempt

Fee _____ Retail

Received _____ Food Service
CK# _____

Date Issued _____

Mailed

Picked Up

Delivered



RENEWAL HEALTH PERMIT APPLICATION

**CITY OF ROANOKE HEALTH DEPARTMENT
500 S. OAK STREET, ROANOKE, TX 76262
(817) 491-6099**

Date: _____

Business Name: _____

Business Address: _____

City, Zip: _____ Phone _____

If mobile unit, list license number: _____

Mailing Address: _____

City, State, Zip: _____

Email : _____

Owner(s) Name(s): _____ Phone: _____