



HEALTH PERMIT APPLICATION

ESTABLISHMENT INFORMATION

- New Establishment New Owner Annual Renewal
 Mobile Food Vendor Change of Address

Business Name: _____

Physical Address: _____ Ste. #: _____

(If Mobile unit, commissary address)

City/State/Zip: _____

Business Contact Name: _____

Mailing Address: _____ Ste. #: _____

City/State/Zip: _____

Email: _____ Phone: _____

Mobile Vendors License Plate # being registered: _____

Operation Type (choose one that best describes your base operation):

- Retail Food Store (i.e. grocery store) Child Care Center
 Retail Food Establishment (i.e. restaurant) Other (please explain):

List any other operations conducted at this establishment (includes liquor or food service, catering service, commissary, grocery, or other sub-operations conducted in addition to the base operation):

Hours/Days of Operation: _____

- Is this establishment of a non-profit organization? Yes No
Is this establishment served by an individual water well? Yes No
Is this establishment served by an on-site sewer system (septic)? Yes No

This permit is to be renewed annually on June 1st. Renewal notices will be mailed: however, it is the responsibility of the permit holder to ensure that the permit is renewed if a notice is not received. Change of ownership or change of location requires a new permit. This application must be completed and accompanied by a permit fee of \$400.00 prior to issuance of a food establishment permit.

Printed Name: _____

Signature: _____ Date: _____

Please submit to permits@roanoketexas.com with supporting documents.

City of Roanoke | 500 S. Oak Street | Roanoke, TX 762626 | 817-490-1308