



## 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](mailto:permits@roanoketexas.com) with supporting documents.

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