



HEALTH LICENSE PERMIT APPLICATION

Name of Establishment: _____
 Address: _____
 Phone No. _____ No. of Employees _____
 Mailing Address if different from above _____
 Owner of Business _____
 Address _____
 Phone No. _____ Email _____
 Manager _____ Driver's License No. _____
 Address _____ State _____
 Phone No. _____ Date of Birth _____

CIRCLE NAME THAT MOST ACCURATELY DESCRIBES YOUR BUSINESS

- | | | | |
|-------------------|------------------------|------------------------|--------------------|
| Grocery Store | Restaurant | Swimming Pool | Day Care Facility |
| Product Market | Cafeteria | Hospital | Day Care - Kitchen |
| Meat/Fish Market | Sandwich Shop | Hospital Cafeteria | School Cafeteria |
| Bakery | Snack Bar/Conces.Stand | Nursing Home | Health Food Store |
| Delicatessen | Snow Cone Stand | Nursing Home Cafeteria | Commissary |
| Convenience Store | Warehouse | Lounge | Other _____ |

 Signature Print Name Date

ANNUAL PERMIT FEES FOR THE FOLLOWING BUSINESSES ARE:

Supermarket/Grocery Store (food stores over 5,000 sf gfa)	\$250.00 for each department
Convenience Stores (food stores under 5,000 sf gfa)	\$250.00 or \$350.00 with deli
Food Establishments (Deli, Restaurant, Bar, Etc.)	\$250.00
Swimming Pool or Spa	\$250.00.
Day Care Facility	\$150.00.
Nursing Home Kitchen	\$100.00.
Temporary Food service establishment permit per event location/ booth (3 days, 2 times per year)	\$100.00 for profit establishments / \$50.00 for non-profit establishments
Seasonal food establishment (6 weekends, 2 times per year)	\$200.00
Annual mobile food service establishment permit per vehicle	\$200.00
Late payment fee:	
31 to 60 days after due date	10% of permit fee
61 to 90 days after due date	30% of permit fee
Over 90 days past due date	double the permit fee

Please make cash/checks/money orders payable to: **THE CITY OF EULESS**

This application must be completed and returned with your check for the permit fee prior to opening a new establishment or expiration date of your existing permit. Food establishment may not operate without a valid permit.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (817) 685-1630

Monday - Friday, 8:00 AM to 5:00 PM

*****FOR OFFICE USE ONLY*****

Fee Paid _____ Cash/Check # _____ Issuance Date: _____
 Date Paid _____ Receipt No. _____ Expiration Date: _____