



APPLICATION FOR FOOD SERVICE PERMIT

CITY OF PLANO HEALTH DEPARTMENT
PO BOX 860358
PLANO, TX 75086-0358
PHONE: (972) 941-7143 FAX (972) 941-7142

FACILITY MAY NOT BE OPEN FOR BUSINESS UNTIL CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED FROM THE BUILDING INSPECTION DEPARTMENT. FULLY COMPLETED APPLICATION MUST ACCOMPANY PAYMENT FOR PERMIT TO BE ISSUED.

NEW PERMIT: _____ RENEWAL PERMIT: _____ NEW OWNER: _____ NAME CHANGE: _____

ANNUAL PERMIT FEE: _____ ANTICIPATED OPENING DATE: _____ DATE: _____

BUSINESS NAME: _____

MANAGER'S NAME: _____

BUSINESS PHYSICAL ADDRESS: _____ ZIP CODE: _____

BUSINESS PHONE: _____ FAX NO.: _____ CELL PHONE: _____

EMAIL: _____ STATE SALES TAX I.D. NO.: _____

RENEWAL/BILLING ADDRESS: _____

CONTACT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX NO.: _____ EMAIL: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ CELL PHONE: _____

PHONE: _____ FAX NO.: _____ EMAIL: _____

APPLICANT'S SIGNATURE: _____

NOTE: EXPIRATION OF HEALTH PERMIT SUBJECTS FACILITY TO IMMEDIATE CLOSURE.

THIS PORTION TO BE COMPLETED BY HEALTH DEPARTMENT

PERMIT NO.: _____ PAYMENT DATE: _____ FEE: _____

RECEIPT NO.: _____ PAYMENT TYPE: _____ FREQUENCY: _____

NEIGHBORHOOD UNIT: _____ SITE TYPE: _____ INSPECTOR: _____

EXPIRATION DATE: _____ INSPECTION DATE: _____ ETHNICITY: _____

HEALTH AUTHORITY SIGNATURE: _____