



**TOWN OF
PROVIDENCE
VILLAGE**

Application for Health Permit

PERMIT NO. _____

Notice: All fees are non-refundable. Incomplete applications or applications received without fees will not be processed.

Name of establishment/Booth (d.b.a.): _____

Address/Location: _____ Suite/Booth: _____

Phone: _____ Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Operations to be conducted in this establishment *[Please circle all that apply]*

Food Service | Bar/Lounge | Grocery/ Convenience Store | Food Manufacturer | SnoCone/Ice Cream Truck
Fish/Meat Market | Food Warehouse | Food Vendor's Commissary | Bakery/Deli | Temporary Vendor | School/Daycare

	Yes	No
Will you be offering potentially hazardous food products? (meats, hot dogs, dairy)	<input type="checkbox"/>	<input type="checkbox"/>
Will you be frying foods?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be fountain soft drinks?	<input type="checkbox"/>	<input type="checkbox"/>
Will food contact utensils be used? (scoops, tongs, spatulas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Will you be warehousing food products that must be refrigerated or frozen?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be salvaging or re-packaging food products?	<input type="checkbox"/>	<input type="checkbox"/>

Please attach menu and list storage and preparation of foods on a separate sheet of paper and attach to application.

Alcoholic Beverage Permit Type(s): _____

PLEASE PROVIDE: Floor Plans, Kitchen Sq. ft. only: _____ Total Sq. Ft.: _____ Temporary Stand/Truck

Owner's Full Name: _____ DL#: _____

DOB: _____ Owner's Address: _____

Phone: _____ *[Other than establishment]*

If Ownership is a partnership, gives names, street addresses, city, state, zip & phone numbers of partners. If Corporation, give names, street address, city, state, zip & phone number of corporate/district office.

BILLING ADDRESS *[if different from establishment]:* _____

Phone: _____

Fax: _____ Email: _____

Signature: _____ Date: _____

A minimum of two Health Inspections will be required in a current calendar year for all full time food vendors. Seasonal/temporary vendors will require a minimum of one Health Inspection. Special food vendors will require one Health Inspection at each event. Any violation of State of Texas Food Establishment rules for temporary vendors is cause for immediate closure of booth and issuance of citations. I certify that all facts stated in this application are true and correct.

OFFICIAL USE <i>[all fees are nonrefundable]</i>	
Application fee – new establishment or extensive remodel (includes two health inspections)	\$450.00
Application fee – change of owner or renewal	\$100.00
Health permit – duplicate or replacement	\$25.00
Health permit(s) - Rest/Daycare \$100.00 Convenience Store \$150.00 Grocery Store \$300.00 per dept	
Temporary Food Vendor Permit	\$100.00
Health Inspection	\$125.00
School / Non Profit Permit Fees	\$0