

CITY OF GRAND PRAIRIE  
 ENVIRONMENTAL SERVICES  
 201 NW 2<sup>nd</sup> St., Suite 100, Grand Prairie, Texas 75050  
 972-237-8055 FAX: 972-237-8228

**APPLICATION FOR HEALTH PERMIT**

\*\*All fees are non-refundable\*\* Incomplete applications or applications received without fees will not be processed\*\*

Name of establishment (d.b.a.) \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_ Phone \_\_\_\_\_

1) Operations to be conducted in this establishment {Please circle all that apply}

- |                   |                          |                             |
|-------------------|--------------------------|-----------------------------|
| Food Service      | Bar/Lounge               | Grocery/Convenience Store ‡ |
| Food Manufacturer | Mobile Food Unit         | Fish/Meat Market            |
| Food Warehouse *  | Food Vendor's Commissary | Bakery/Deli                 |

- |  |     |    |
|--|-----|----|
| ‡ Will you be offering potentially hazardous food products? (meats, hot dogs, dairy) | yes | no |
| ‡ Will there be fountain soft drinks?  | yes | no |
| ‡ Will food contact utensils be used? (scoops, tongs, spatulas etc.)                 | yes | no |
| * Will you be warehousing food products that must be refrigerated or frozen?         | yes | no |
| * Will there be salvaging or re-packing food product?                                | yes | no |

2) Alcoholic Beverage Permit Type(s): \_\_\_\_\_

3) Mobile Food Unit: Make \_\_\_\_\_ Year \_\_\_\_\_ Lic.Tag # \_\_\_\_\_ V.I.N. \_\_\_\_\_

Owners Full Name \_\_\_\_\_ DL # \_\_\_\_\_ DOB \_\_\_\_\_  
 (First) (Middle) (Last) (State) (Mo) (Day) (Yr)

Owners Address (other than establishment) \_\_\_\_\_  
 (street address)

Phone # (other than establishment) \_\_\_\_\_  
 (city) (state) (zip)

If Owner is a partnership, give 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.

(If more room is needed for names, addresses, & phone numbers, use back of application)

Billing Address (if different from address of establishment) \_\_\_\_\_  
 (street address)

(city) (state) (zip) (phone)

E-mail \_\_\_\_\_ FAX \_\_\_\_\_

Date of application \_\_\_\_\_ Signature \_\_\_\_\_

OFFICIAL USE	
<b>Application fee – new establishment or extensive remodel</b>	<b>\$150.00</b>
<b>Application fee - change of owner</b>	<b>50.00</b>
<b>Health permit (s) @ \$225.00 each</b>	
<b>Alcoholic Beverage Permit (s) - various fees</b>	
<b>TOTAL AMOUNT DUE</b>	