

APPLICATION FOR HEALTH PERMIT

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

Name of establishment (DBA) _____

Address _____ Suite _____ Phone _____

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

- | | | |
|-------------------|--------------------------|---------------------------|
| Food Service | Bar/Lounge | Grocery/Convenience Store |
| Food Manufacturer | Dance Floor | 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 you be frying foods? | 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 |

Alcoholic Beverage Permit Type(s): _____

PLEASE PROVIDE: 1. Floor plans 2. Kitchen Sq ft only _____ 3. Total Sq Ft _____

Owner's Full Name _____ DL # _____ DOB _____
(First) (Middle) (Last) (State) (Mo) (Day) (Yr)

Owner's 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 establishment) _____

(street address)

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

E-mail _____ FAX _____

Date of application _____ Signature _____

OFFICIAL USE	
Application fee – new establishment or extensive remodel	\$200.00
Application fee - change of owner	\$150.00
Health permit – duplicate or replacement	\$25.00
Health permit (s) @ Food FS \$500, CV \$300, Other \$250	
Alcoholic Beverage Permit (s) - various fees	
Dance Floor Permit	\$1000.00
TOTAL AMOUNT DUE	

_____ FEES PAID _____ ENTERED IN DATABASE _____ PERMIT(S) ISSUED



**Public Health and Environmental
Quality Department
Certificate of Occupancy
Solid Waste
Verification Options**

Applicants must submit **ONE** of the following documents to the Public Health and Environmental Quality Department before a Certificate of Occupancy will be issued.

- ❖ Republic Services contract for dumpster service.
Contact Grand Prairie Disposal at 817-261-8812 to have the service set up. No other company may be used.

- ❖ Tenant/Landlord Solid Waste Verification Form
Applicant must have the landlord sign the attached letter giving applicant permission to use the facilities dumpster. The dumpster must be on tenant /landlord property.

- ❖ Application for bag or cart service
Bag or cart service is approved by the Solid Waste Department on a case by case situation. **Auto related businesses & Health applicants do not qualify for bag service.** Please be advised that this option may take three to five days longer to process tile request.

Questions?

Call the Public Health and Environmental Quality Department at 972-237-8055.



**TENANT/LANDLORD
SOLID WASTE VERIFICATION FORM**

PERMIT NO: _____

TENANT TO COMPLETE:

Tenant Name: _____

Doing Business As: _____ Address: _____

LANDLORD TO COMPLETE:

Property Owner Name: _____ Address: _____

Phone Number: _____

I give permission for this tenant to use the strip center dumpster located at following address:

****Dumpster must be on tenant/landlord property**

Landlord's Signature: _____ Date: _____

Republic Services Account Number _____



APPLICATION FOR: COMMERCIAL BAG CART SERVICE (limited service area)

Date: _____
Business Name: _____
Business Address: _____
Business Phone: _____
Description of Business: _____
Mailing Address (if different than business address): _____
Billing Address: _____

Business Owner/Operator: _____
Business Owner/Operator's Phone: _____
Business Owner/Operator's Driver's License #: _____

Landlord's Name (if applicable): _____
Landlord's Phone (if applicable): _____

Name of Person Responsible paying for the garbage service: _____
Responsible Party's Phone: _____
Emergency Contact Name & Phone: _____

Maximum quantity of waste generated per week: _____
Type of waste generated: _____
Do you ever dispose of any paints, solvents, electronic waste, tires, liquids, or batteries? YES NO

- I acknowledge that I am responsible for contacting the City of Grand Prairie Utility Services office when I wish to discontinue this service. I understand that I will not receive a refund if I fail to deactivate commercial bag service.
I accept all the charges for commercial bag or cart service. I understand I will be billed monthly for commercial bag or cart service on my water bill. IF APPROVED FOR CART SERVICE, an initial cart fee will be applied to my water bill. Current garbage rates can be found in the City of Grand Prairie's ordinance.

Business Owner / Operator's Signature _____ Date _____

Landlord's Signature (if applicable) _____ Date _____

For Solid Waste Department Use Only APPROVED NOT APPROVED
Solid Waste Manager _____ Date _____