

CITY OF GRAND PRAIRIE
 ENVIRONMENTAL SERVICES
 201 NW 2nd 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 (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