



# FOOD ESTABLISHMENT PERMIT APPLICATION

## BUILDING & COMMUNITY SERVICES

PERMIT # \_\_\_\_\_

NEW  RENEWAL

ALL FOOD ESTABLISHMENT PERMITS EXPIRE ONE YEAR FROM THE DAY OF ISSUE.

ESTABLISHMENT NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL# \_\_\_\_\_

CERTIFIED FOOD MANAGER AND CERTIFICATE EXP DATE \_\_\_\_\_

SQUARE FOOTAGE \_\_\_\_\_ DAYS AND HOURS OF OPERATION \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_

**FEES:**

- \$125 FACILITIES WITH 1,000 OR LESS SQUARE FEET
- \$175 FACILITIES WITH 1,001 TO 5,000 SQUARE FEET
- \$225 FACILITIES WITH 5,001 TO 10,000 SQUARE FEET
- \$300 FACILITIES WITH 10,001 OR MORE SQUARE FEET

HAVE THERE BEEN ANY CHANGES TO THE FOOD ESTABLISHMENT (I.E.:REPLACE/ADD EQUIPMENT, MENU CHANGES, OR CONSTRUCTION/REMODEL)? YES NO IF YES, PLEASE EXPLAIN BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS OWNERS INFORMATION**

Name(s): \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / ST / Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name(s): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City / ST / Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT NAME (Please Print): \_\_\_\_\_

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