



PERMIT ID: _____

CITY OF TERRELL HEALTH / FOOD PERMIT APPLICATION

Check every blank that applies to your food business:

- _____ Food Processing / Service Establishment (\$245 fee)
- _____ Each Additional Food Service Operation on the Premise (\$50 fee each)
 - _____ Deli
 - _____ Meat Market
 - _____ Bakery
 - _____ Seafood Market
 - _____ Other (Please Specify: _____)

- _____ Daycare Facilities / Churches / Assemblies (\$245 fee)
- _____ Annual Temporary (Soccer, Football, Baseball etc...) (\$245 fee)

1. Name of Business (**This is what will appear on Your Health Permit. Please Print Legibly**):

2. Address of Business: _____
3. Business Owner: _____
4. Business Owner Address: _____
5. Business Mailing Address (**This is where your Health Permit will be mailed to**):

6. Phone Number of Business: _____
7. Certified Food Manager Printed Name (**please include a Picture ID and/or Food Handler Card**):

8. Approximate Number of Employees: _____
9. Tax I.D. Number: _____

Please include a copy of your Drivers License(for non food related businesses) / or Certified Food Managers Picture ID with this application.

Signature: _____ Date: _____

Example: A grocery store with a deli inside would total \$295/year \$245 for grocery and \$50 for deli.

Office Use Only:

Example: A grocery store with a deli and meat market within the store would be \$345/year (\$245 for grocery, \$50 for deli and \$50 for meat market)

Permit Fee: _____

Date Paid: _____

A LATE FEE of \$50 will be accessed for all applications submitted after January 1st.