



DEPARTMENT OF CODE COMPLIANCE
 CONSUMER HEALTH DIVISION
FOOD ESTABLISHMENT PERMIT APPLICATION

City of Dallas (Fees Are Non-Refundable – A copy of Texas Sales & Use Tax Permit Must Be Attached)

Fees Processed At 320 E Jefferson: Pre Inspection Plan Review New Suite Finish Out/ Remodel / or New Construction Food Establishment Permit Application	The fee cannot be applied to a food pre-inspection establishment permit fee. The plan review fee is in addition to food establishment permit fee. Fees based on current fee schedule.	Fees Processed At 7901 Goforth: Food Establishment Permit Application (Only for Change of Owner) Plan Review (Only for Kiosk, Self-Service Market or Coffee Carts)
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Permit Requested From 320 E Jefferson: <input type="checkbox"/> Remodel Existing Permitted Food Facility (Same Owner) <input type="checkbox"/> New Suite Finish Out/ New Construction <input type="checkbox"/> Pre-Inspection Survey	Permit Requested From 7901 Goforth: <input type="checkbox"/> Kiosk/Self-Service Market <input type="checkbox"/> Change of Ownership of Existing Food Facility Name of Prior Food Business _____ Previous Owner Name _____ <input type="checkbox"/> Sub Permit for _____
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Type of Operation <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale	Type of Food Establishment <input type="checkbox"/> Restaurant <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Grocery <input type="checkbox"/> Bakery <input type="checkbox"/> Kiosk <input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Warehouse <input type="checkbox"/> Self-Service Market <input type="checkbox"/> Other (Specify) _____
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Job Contractor Business Name _____ Job Contractor Business Address _____
 Business Phone _____ Contact Person for Inspection _____ Local Phone _____
 Approx. cost of complete job _____ Start Date _____ Finish Date _____
 Total Square Feet _____ Days/Hours of Operation _____
 Is facility connected to City Water? Yes No City Sewer? Yes No Septic tank? Yes No

FOOD ESTABLISHMENT INFORMATION

Name of Establishment _____
 Address of Establishment _____ Suite _____ Zip Code _____
 Business Phone _____ Registered Food Service Manager _____ Certificate # _____

OWNER/ ACCOUNT INFORMATION
 (Owner is responsible for notifying the Consumer Health Division in writing of any changes.)

Legal Owner of Establishment (as it appears on Texas Sales and Use Tax Permit) _____
 Sole Owner Corporation Partnership (List) _____
 Mailing Address _____ Suite _____ City _____ State _____ Zip Code _____
 TX Sales & Use Tax Permit # (Copy Required) _____
 Bus. Phone _____ Owner Phone _____

By Signing below, I certify that the information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid.

Owner or Authorized Name (print) _____ (signature) _____
 Title: _____ Driver's License # & State: _____ Date of Birth _____

Office Use Only: Previous OW _____ Previous FA _____ Previous AR _____

White – File Canary – Inspector