



DEPARTMENT OF ENVIRONMENTAL & HEALTH SERVICES  
 FOOD PROTECTION & EDUCATION  
**PERMIT/PLAN REVIEW APPLICATION**  
 (To Be Retained in Department Inspection Files)

City of Dallas

PLEASE PRINT-ALL SPACES MUST BE COMPLETED

<b>FEES</b> Kiosk Application Fee.....\$315 Mobile/Coffee Cart App. Fee....\$200 Plan Review.....\$50 On-site Inspection.....\$50	THE PRE-INSPECTION FEE CANNOT BE APPLIED TO A FOOD ESTABLISHMENT PERMIT FEE. THE PLAN REVIEW FEE IS IN ADDITION TO MOBILE UNIT PERMIT FEES. <b>ALL FEES ARE NON-REFUNDABLE.</b>	<b>FOR OFFICE USE ONLY</b> Permit No. _____ Zip Code _____ Dist _____ Stat Comm _____ Type _____ Mapsco _____ Fee Code _____
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Date of Application: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Food Establishment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Owner of Food Business\*: \_\_\_\_\_

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

Contact Person for Inspection: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Permit Request For:

- Coffee Cart/Mobile Food Unit
- Pre-Inspection/Survey
- Kiosk

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 Signature (Required)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 TX Driver's License #

\_\_\_\_\_  
 Date of Birth

**Attach a Copy of Plans (Lay Out) to this application.**