



# Ghost/Shared Kitchen Authorization

## Environmental Health Division

### Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | [www.health.wichitafallstx.gov](http://www.health.wichitafallstx.gov)

Site No.	_____
Date Received	_____
Date Scanned	_____
For Office Use Only	

**Must submit a copy of the Ghost/Shared Establishment menu.**

Name of Ghost/Shared Establishment: \_\_\_\_\_ Ghost/Shared Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name of Permitted Food Establishment: \_\_\_\_\_ Establishment Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

The above named ghost/shared establishment has my permission to use my establishment as a permitted food establishment. I am aware that any violations and possible citations associated with the ghost/shared establishment are my responsibility because they are operating under my food permit.

Permitted Food Establishment Print Name	Permitted Food Establishment Signature	Date
Ghost/Shared Establishment Print Name	Ghost/Shared Establishment Signature	Date

Wichita Falls-Wichita County Public Health District, Environmental Health Division, 2022



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