



# Food Establishment Application

## Environmental Health Division

### Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Site No. _____
Date Received _____
For Office Use Only

**Incomplete Applications will not be approved**

**No annually permitted establishment shall allow temporary event food vending at their site unless a temporary event application has been approved by the regulatory authority.**

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

Establishment Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

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

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

Billing Name: \_\_\_\_\_ Billing Phone: (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Description:  For Profit  Non-Profit (Tax Exempt Number \_\_\_\_\_)

**Please check the appropriate box/boxes that best describes your establishment:**

CHOOSE YOUR PROCESS	
<input type="checkbox"/> \$200 Process 1: Receive → Store → Prepare → Hold → Serve/Vend/Stock	<input type="checkbox"/> Mobile Unit
<input type="checkbox"/> \$225 Process 2: Receive → Store → Prepare → Cook → Hold → Serve Certified Food Manager Name and Expiration Date: _____	<input type="checkbox"/> Mobile Unit
<input type="checkbox"/> \$300 Process 3: Receive → Store → Prepare → Cook → Cool → Reheat → Hot Hold → Serve Certified Food Manager Name and Expiration Date: _____	<input type="checkbox"/> Mobile Unit

ADDITIONAL SERVICES		
<input type="checkbox"/> \$125 Bakery	<input type="checkbox"/> \$125 Fish Market	<input type="checkbox"/> \$125 Catering
<input type="checkbox"/> \$125 Snack Bar	<input type="checkbox"/> \$125 Meat Market	<input type="checkbox"/> \$125 Commissary
<input type="checkbox"/> \$125 Deli	<input type="checkbox"/> \$125 Produce Department	

ADDITIONAL PERMITS
<input type="checkbox"/> \$75 per Grease Trap Permit (Attach Additional Application)
<input type="checkbox"/> \$150 Frozen Dessert Permit
<input type="checkbox"/> \$175 Seasonal Permit (1-6 months; Nothing to qualify as a Process 3)

TOTAL PERMIT FEES DUE
\$

I (we) apply for a permit to operate a food establishment and by this application do agree to comply with the rules and regulations set forth by the Wichita Falls-Wichita County Public Health District. I (we) understand that any falsifications or omissions as to the material fact or any violation of any law by designees or myself will constitute grounds for revocation or suspension of this permit by the Health District.

\_\_\_\_\_ Applicant Print Name                      Applicant Signature                      Date