



PERMIT ID: _____

CITY OF TERRELL

HEALTH / FOOD PERMIT APPLICATION

Check every blank that applies to your food business:

_____ Food Processing / Service Establishment (\$400 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 (\$400 fee)

_____ Annual Temporary (Soccer, Football, Baseball, etc...) (\$400 fee)

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

2. Business Address: _____

3. Business Mailing Address (**This is where your Health Permit will be mailed**):

4. Phone Number of Business: _____

5. Email (**Please print Legibly, We will use this email to send a digital copy of your Health Permit**):

6. Certified Food Manager Printed Name (**Please include a Picture ID and/or Food Handler Card**):

7. Approximate Number of Employees: _____

8. State Sales Tax I.D. Number (11 Digits): _____

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

Signature: _____

Date: _____

Permit Fee: _____

Date Paid: _____

Delivery Method: MAIL / PICKUP

A LATE FEE OF \$400.00 WILL BE ACCESSED FOR APPLICATIONS SUBMITTED AFTER JAN.15TH.