DEPARTMENT OF CODE COMPLIANCE
CONSUMER HEALTH DIVISION
FOOD ESTABLISHMENT PERMIT APPLICATION
(**Fees Are Non-Refundable – A copy of Texas Sales & Use Tax Permit Must Be Attached**)

City of Dallas

Fees Processed At 320 E Jefferson:	The fee cannot be applied to a food pre-inspection establishment permit fee.	**Fees Processed At 7901 Goforth:**
Pre Inspection		Food Establishment Permit Application (Only for Change of Owner)
Plan Review	**The plan review fee is in addition to food establishment permit fee.**	
New Suite Finish Out/ Remodel / or New Construction Food Establishment Permit Application	**Fees based on current fee schedule.**	Plan Review (Only for Kiosk, Self-Service Market or Coffee Carts)
	The City of Dallas does not accept payments in the field.	

Permit Requested From 320 E Jefferson:	**Permit Requested From 7901 Goforth:**
☐ Remodel Existing Permitted Food Facility (Same Owner)	☐ Kiosk/Self-Service Market
☐ New Suite Finish Out/ New Construction	☐ Change of Ownership of Existing Food Facility
☐ Pre-Inspection Survey	Name of Prior Food Business_____
	Previous Owner Name_____
	☐ Sub Permit for _____

Type of Operation	**Type of Food Establishment**
☐ Retail	☐ Restaurant ☐ Bar/Tavern ☐ Grocery ☐ Bakery ☐ Kiosk ☐ Fast Food/Deli
☐ Wholesale	☐ Warehouse ☐ Self-Service Market ☐ Other (Specify)_____

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 ☐

PROOF

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