

Consumer Health Division/Food Protection Unit
7901 Goforth Road, Dallas, TX 75238
Phone: 214-670-8083 * Fax 214-670-8330
CHANGE REQUEST FORM

Please check the appropriate box and provide the following:

☐ Replacement Health Permit
(No Payment Required)

Copy of Texas Sales & Use Permit
Copy of valid Driver's License or other valid government issued ID

☐ Mailing Address Change
(No Payment Required)

Copy of Texas Sales & Use Permit
Copy of valid Driver's License or other valid government issued ID

☐ Facility / Owner Name Change
(Fee per facility based on current fee schedule)

Copy of Texas Sales & Use Permit
Copy of valid Driver's License or other valid government issued ID
Credit/Debit, Check or Money order – payable to the City of Dallas
NO CASH, NO AMERICAN EXPRESS

GROSS ANNUAL FOOD SALES

- ☐ \$ 0.00 - \$49,999.99
- ☐ \$ 50,000.00 - \$149,999.99
- ☐ \$150,000.00 – or more

Original permits are issued and delivered via postal mail to the facility's last known billing address on file. Once issued, a Food Establishment Permit remains valid and does not expire unless there is a change in ownership or a change to the business name. Permits will lapse if required annual fees are not paid.

The Food Establishment Permit must be placed in a frame and displayed in a conspicuous location accessible to the public. It must be posted alongside the Texas Sales and Use Permit and the Certified Food Service Manager certificates.

In the event of a change of ownership or a remodel, the permit holder is required to visit our office to submit the appropriate application and applicable fees for review and approval.

The City of Dallas does not accept payments in the field.

CURRENT FACILITY NAME:	
NEW FACILITY NAME:	
FACILITY ADDRESS:	
BILLING ADDRESS:	
CURRENT OWNER NAME:	
NEW OWNER NAME:	
CONTACT NAME:	CONTACT PHONE#:
CONTACT EMAIL:	
SIGNATURE (PERSON REQUESTING CHANGE):	
DATE:	
DATE PROCESSED: _____	FACILITY ID#: _____
INVOICE NUMBER: _____	FACILITY CC: _____