City of Dallas

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)

Fees Processed ONLINE ONLY Plan Review New Suite Finish Out/ Remodel / or New Construction Food Establishment Permit Application https://aca-prod.accela.com/DALLASTX/Default.aspx	**The plan review fee is in addition to food establishment permit fee.** **Fees based on current fee schedule.** **The City of Dallas does not accept payments in the field.**	**Fees Processed At 7901 Goforth:** Food Establishment Permit Application (Only for Change of Owner)

Permit Requested From 320 E Jefferson:

☐ Remodel Existing Permitted Food Facility (Same Owner)

☐ New Suite Finish Out/ New Construction

Permit Requested From 7901 Goforth:

☐ Kiosk/Self-Service Market

☐ Change of Ownership of Existing Food Facility

Name of Prior Food Business_____

Previous Owner Name _____

Type of Operation

☐ Food Establishment

☐ Retail Food Store

GROSS ANNUAL VOLUME OF FOOD SALES

□ **$ 0.00 - $49,999.99**
□ **$ 50,000.00 - $149,999.99**
□ **$150,000.00 – or more**

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 ☐

FOOD ESTABLISHMENT INFORMATION

Name of Establishment_____

Address of Establishment_____Suite_____Zip Code_____

Business Phone_____ Certified 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**)_____

Owner Email _____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