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

Please <u>check</u> the appropriate box and <u>provide</u> the following:

☐ Replacement Health Permit
(No Payment Required)

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

☐ Mailing Address Change
(No Payment Required)

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

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

Copy of Texas Sales & Use Permit
Copy of valid Drive's License or other valid government issued ID
Cash, Check or Money order – payable to the City of Dallas

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

Copy of Texas Sales & Use Permit
Copy of the Article of Incorporation linking the old & new names together.
Copy of valid Drive's License or other valid government issued ID
Cash, Check or Money order – payable to the City of Dallas

Original permits will be hand delivered to the facility by the area inspector. We do not keep copies at our office.
We do not issue new permits each year. Once your original permit is hand delivered, it does not expire unless there is a change of ownership or business name change. Permit will lapse for failure to pay yearly fees.
The Food Products Establishment Permit is to be placed in a frame and conspicuously displayed alongside your Texas Sales & Use Permit & your City of Dallas Blue Food Service Manager Certificates.

If there is a change of ownership or remodel you will need to come to our office and submit the appropriate applications & payment. We accept cash, checks & money orders. We do not accept credit or debit cards.

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#:**
SIGNATURE (PERSON REQUESTING CHANGE):	**DATE:**
DATE PROCESSED: _____	**FACILITY ID# - FA** _____
INVOICE NUMBER: _____	**FACILITY CC:** _____