



Development Services Department

320 E Jefferson Blvd, Dallas TX 75203

(214) 948-4480

FOOD ESTABLISHMENT PERMIT APPLICATION

DEPARTMENT OF CODE COMPLIANCE

(CONSUMER HEALTH DIVISION)

Fees are non-refundable – A copy of the Texas Sales & Use Tax Permit MUST be attached

<p>Fees Processed at 7800 Stemmons Frwy. Plan review New suite finish out/remodel/ or new construction food establishment permit application.</p>	<p>The fee cannot be applied to a food pre-inspection establishment permit fee. The plan review fee is in addition to the food establishment permit fee. Fees based on current fee schedule. The City of Dallas does not accept payments in the field.</p>	<p>Fees processed at 7901 Goforth: Food Establishment Permit Application (Only for change of owner) Plan Review (Only for Kiosk, Self Service Market or Coffee Carts)</p>
<p>Permit Requested At 7800 Stemmons</p> <p><input type="checkbox"/> Remodel Existing Permitted Food Facility (same owner) <input type="checkbox"/> New Suite Finish Out/New Construction</p>	<p>Permit Requested From 7901 Goforth:</p> <p><input type="checkbox"/> Kiosk/Self-Service Market <input type="checkbox"/> Change of Ownership of Existing Food Facility Name of Food Business _____ Previous Owner Name _____ <input type="checkbox"/> Sub Permit for _____</p>	
<p>Type of Operation</p> <p><input type="checkbox"/> Retail <input type="checkbox"/> Wholesale</p>	<p>Type of Food Establishment</p> <p><input type="checkbox"/> Restaurant <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Grocery <input type="checkbox"/> Bakery <input type="checkbox"/> Kiosk <input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Warehouse <input type="checkbox"/> Self-Service Market <input type="checkbox"/> Other (Specify) _____</p>	
<p>Job Contractor Business Name _____ Job Contractor Business Address _____ Business Phone _____ Contact Person for Inspection _____ Email Address _____ Approx. cost of complete job _____ Start Date _____ End Date _____ Total Square Feet _____ Days/Hours of operation _____ Is facility connected to City Water? <input type="checkbox"/> Yes <input type="checkbox"/> No City Sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No Septic Tank? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Food Establishment Information		
<p>Name of Establishment _____ Address _____ Suite _____ Zip _____ Business Phone _____ Registered Food Service Manager _____ Certificate # _____</p>		
Owner/Account Information		
<p>(Owner is responsible for notifying the Consumer Health Division in writing of any changes) Legal owner of establishment (as appears on Texas Sales and Use Tax Permit) _____ <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (List) Mailing Address _____ Suite _____ City _____ State _____ Zip _____ 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 Agent (print) _____ Signature _____ / Title: _____ Driver's License # and State _____ Date of Birth _____</p>		
<p>Office Use Only: Previous OW _____ Previous FA _____ Previous AR _____</p>		