

Name of Establishment (DBA):

## FOOD ESTABLISHMENT PERMIT APPLICATION

## Waco-McLennan County Public Health District Environmental Health Division

225 West Waco Drive, Waco, Texas 76707 Phone: (254) 750-5464 Fax: (254) 750-5424 Email: ENVHealth@wacotx.gov



## PLEASE READ ENTIRE APPLICATION AND FILL IN ALL BLANKS COMPLETELY. FAILURE TO DO SO CAN RESULT IN DELAYS.

This application is hereby made for a permit to operate a food establishment. By this application it is agreed that the establishment will comply with the provisions of the food regulations applicable to this type of establishment. It is further agreed that the said establishment shall be open to inspection by the Waco-McLennan County Public Health District.

**Business Phone:** 

Corporation	$\Box$ LLC $\Box$ LLP $\Box$ P	artnership 🗆 So	le Proprietorship	□ Non-Profit	
Owner:		Phone No	Phone Number:		
Physical Address:	Street				
	Street	City	State	Zip Code	
Mailing/Billing Addr	ress:				
	Street	City	State	Zip Code	
Email Address:					
Type of Establishme	ent (BE SPECIFIC):				
	staurant, convenience store,				
			_		
lotal number of din	ing seats:	Building	square footage: _		
Days of week and ho	ours of operation:				
	shment zoned for comme				
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