



FOOD ESTABLISHMENT PERMIT APPLICATION

Revised 1/31/2019

FOOD ESTABLISHMENT INFORMATION

Reason for Application: New Establishment Annual Renewal Change of Owner Change of Location
 Mobile Food Vendor

Establishment Name: _____

Location (physical address): _____

Contact Person (manager or other primary contact for establishment): _____

Mailing Address: _____ City/State/ZIP: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Mobile Vendors License Plate # being registered: _____

Operation Type (choose one that best describes your base operation):

- Retail Food Store (i.e. grocery store) Child Care Center
- Retail Food Establishment (i.e. restaurant) Other (please explain): _____

List any other operations conducted at this establishment (includes liquor or food service, catering service, commissary, grocery, or other sub-operations conducted in addition to the base operation):

Hours of Operation: _____ Square Footage of Establishment: _____

Is this an establishment of a non-profit organization? Yes No

Is establishment served by an individual water well? Yes No

Is establishment served by an on-site sewer system (septic)? Yes No

FOOD ESTABLISHMENT OWNER INFORMATION

Owner: _____ Contact Name: _____

Address: _____ City/State/ZIP: _____

Phone: _____ Fax: _____

Email: _____

This permit is to be renewed annually. Renewal notices will be mailed; however, it is the responsibility of the permit holder to ensure that the permit is renewed if a notice is not received. Change of ownership or change of location requires a new permit. This application must be completed and accompanied by a permit fee of \$250 prior to issuance of a food establishment permit.

I have read and completed the application and know the same to be true and correct and hereby agree to comply with all provisions of Article 6.300, Food Service Establishments Requirements, of the Northlake Code of Ordinances.

Owner/Authorized Agent (print name): _____

Owner/Authorized Agent Signature: _____ Date: _____

FOR OFFICE USE ONLY

Stamp Received

Permit #: _____

Issue Date: _____

Expiration Date: _____

Total Fee Paid: _____

Receipt #: _____

Revenue Account: 100-41130-00-00 HLTHI