



Public Health and Environmental Services Department

Food Establishment Permit Application

Name of Establishment _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Owner's Name (Firm): _____ Phone: _____
 Business Mailing Address: _____
 City: _____ State: _____ Zip: _____

Food Permit Application _____ **Plan Review Only** _____

Plan Review Fee \$125.00 – Required for new and extensively remodeled establishments.

Name of Facility: _____ Address: _____
 Co. Submitting Plans: _____ Contact: _____ Phone: _____
 Address: _____ City: _____ St: _____ Zip: _____

Plan Review #: _____ Receipt #: _____

Permanent Establishment **Please check below:** **Number of employees:** _____

Restaurant _____ Cafeteria _____ Fast Food _____	<i>Category</i>	<i>Type</i>	<i>Fee</i>
Deli _____ Bakery _____ Convenience Store _____	A	non-potentially	\$ 75.00 _____
Food Warehouse _____ Supermarket _____		hazardous prepackaged food	
Childcare _____ Other _____	B	0 – 10 employees	\$300.00 _____
	C	over 10 employees	\$400.00 _____

Mobile Food Unit

Please check one: Catering Truck _____ Frozen Treat Truck/Trailer/Cart _____ Other _____
 Driver's Name & Address: _____
 Texas Driver's License Number: _____
 Vehicle/Cart #: _____ License Plate #: _____

Permit Fee: Mobile Units: Hot or Cold – **\$200.00** per year / Ice Cream Pushcarts - **\$100.00** per year

Temporary Food Event

State Sales Tax Certificate Provided: _____ or State Sales Tax Exemption: _____
 Permit from jurisdiction where food is prepared: _____
 Location of event: _____
 Dates: _____ Number of booths: _____
 Menu Items: _____
 Permit Fee: **\$50.00** origination fee plus **\$5.00** per day per booth (not to exceed 10 days)

 Signature Print Name Date

Note: Application for a new certificate of occupancy may be required prior to submission of this permit application.

In the event of a name change or ownership change, please notify the City of Irving Public Health and Environmental Services Department, 825 West Irving Blvd., Irving, TX 75060 (972) 721-2346.

Please complete and return this application and applicable fee to:

City of Irving Public Health & Environmental Services Dept. P. O. Box 152288 Irving, TX 75015-2288	or pay in person:	Public Health & Environmental Services Department 825 W. Irving Blvd., 3rd Floor Irving, TX 75060
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