

**CITY OF IRVING - HEALTH PERMIT APPLICATION**

Permit # \_\_\_\_\_

Please complete and return this application and applicable fee:

New  Name Change

**BY MAIL** - City of Irving - Inspections Department, P. O. Box 152288, Irving TX 75015-2288

**IN PERSON** - Inspections Department, 825 W. Irving Blvd., 2nd Floor, Irving TX 75060

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 Inspections Department at (972) 721-2371

ESTABLISHMENT INFORMATION		
Business Name	Email	Business Phone
Business Address	City / State / Zip	
Address to send permit renewal reminders to:	City / State / Zip	Attention to:

TEXAS SALES AND USE TAX PERMIT INFORMATION	
Taxpayer Name (as listed on Texas Sales and Use Tax Permit)	Taxpayer Number
Taxpayer Mailing Address	City / State / Zip
Email Address for correspondence	Phone
If an individual is the business owner: Government photo identification (Type _____ ID # _____)	Date of birth

APPLICANT INFORMATION		
Name	Work title	Phone

PLAN REVIEW - \$125 (for new and extensively remodeled establishments)	
Company providing plans	Contact phone / Email
<input type="checkbox"/> 3 sets of printed plans <input type="checkbox"/> 1 set of digital plans (PDF format) <input type="checkbox"/> Cut sheets for all equipment <input type="checkbox"/> Menu	

SUPERMARKETS - each department requires a separate permit   \$350 (0 - 10 employees)   \$500 (> 10 employees)				
Market / Produce - # employees	Deli - # employees	Bakery - # employees	Meat - # employees	Seafood - # employees

FOOD ESTABLISHMENT		<input type="checkbox"/> \$350 (0 - 10 employees) <input type="checkbox"/> \$500 (> 10 employees)	Total # of employees _____
<input type="checkbox"/> Full service restaurant (may require multiple permits if kitchens are on multiple floors or buildings) <input type="checkbox"/> Fast food <input type="checkbox"/> Deli <input type="checkbox"/> Bakery <input type="checkbox"/> Child-care <input type="checkbox"/> School <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Nursing home <input type="checkbox"/> Other _____ <input type="checkbox"/> Convenience store - open foods <input type="checkbox"/> Convenience store - prepackaged time controlled food (e.x. dairy, meat, eggs, etc.)			

MOBILE FOOD UNIT		<input type="checkbox"/> Catering truck - \$200 <input type="checkbox"/> Hot/cold truck - \$200 <input type="checkbox"/> Pushcart - \$100
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THE APPLICANT IS NOT ENTITLED TO A REFUND OF PERMIT FEES IF A PERMIT IS NOT APPROVED BY THE DEPARTMENT		
Operator's name	Truck - valid driver's license # (pushcarts - govt. ID #)	Date of birth
Home address	City / State / Zip	License plate #

CHILD-CARE			<input type="checkbox"/> State license (not required for parent's day out) <input type="checkbox"/> Proof of application acceptance for pending license
<input type="checkbox"/> Listed family home <input type="checkbox"/> Registered child-care home <input type="checkbox"/> Licensed child-care home <input type="checkbox"/> Parent's day out - \$60 <input type="checkbox"/> Commercial - \$60 + \$1.20 per child licensed by TX Health and Human Services (HHS)			
Listed child capacity - HHS	Child-care director's name	Assistant director's name	

NURSING HOME - \$225		<input type="checkbox"/> Copy of state license provided
State license number	Administrator name	

I have submitted the above information for application of a permit from the City of Irving Inspections Department.  
I verify that all of the information submitted is accurate

Signature	Print name	Date
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