

## City of Irving - Health Permit Application New Permit Name Change Only

Please complete and return this application and applicable fee:

**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.

FOOD ESTABLISHMENT				
Business Name		Email		Business Phone
Business Address			City / State / Zip	
ADDRESS TO SEND PERMIT RENEWAL REMINDERS (if different than above)				
Address		City / State / Zip		Attention to:
OWNER / COMPANY INFORMATION				
Company or Owner Name <b>(MUST MATCH THE NAME LISTED ON THE REGISTERED TAX I.D.)</b>				
Company or Owner's Address			City / State / Zip	
Company or Owner's Email			Phone	
Owner's government photo identification (if an individual is the business owner) 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		
Company address		City / State / Zip		
<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		
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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