



CITY OF RICHARDSON HEALTH DEPARTMENT
FOOD SERVICE PERMIT APPLICATION

P.O. Box 830309, Richardson, Texas 75083-0309 • (972) 744-4080

Please check one: [ ] New/Remodel [ ] Change of Owner [ ] Renewal [ ] Name/Address Change Request

DATE: \_\_\_\_\_ OPENING DATE: \_\_\_\_\_ (REQUIRED FOR NEW OR CHANGE OF OWNER)

ESTABLISHMENT NAME: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_ STREET NUMBER AND NAME ZIP CODE

ESTABLISHMENT PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ STREET NUMBER AND NAME or P.O. BOX CITY STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_ (required to receive inspection reports)

TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_ WILL YOU BE CATERING? [ ] YES [ ] NO

TOTAL SQUARE FOOTAGE OF FOOD SERVICE ESTABLISHMENT \_\_\_\_\_ (INCLUDE ALL PREPARATION, STORAGE, AND DINING AREAS)

OPTIONAL INFORMATION: (WILL BE DISPLAYED ON CITY WEB PAGE):
TYPE OF CUISINE: \_\_\_\_\_
ESTABLISHMENT WEBSITE: \_\_\_\_\_

OWNER NAME(S): \_\_\_\_\_ (IF PARTNERSHIP, PLEASE LIST PARTNERSHIP INFORMATION BELOW)

PARTNERSHIP NAME: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

\*\* PLEASE DO NOT WRITE BELOW THIS LINE \*\*

PERMIT FEE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ HEALTH AUTHORITY

Table with 2 columns: Fee Description and Amount. Includes FOOD ESTABLISHMENT PERMIT FEE (0-2,000 sq ft: \$250.00, 2,001-7,500 sq ft: \$350.00, Over 7,500 sq ft: \$450.00) and Other Fees (Grease Trap Fee: \$50.00, Late Fee: \$50.00, New/Remodel Plan Review Fee: \$250.00, Change of Ownership Fee: \$150.00, COMMERCIAL CHILD CARE PERMIT FEE: \$250.00).

COMMENTS: \_\_\_\_\_

NOTE: EXPIRATION OF HEALTH PERMIT WILL RESULT IN IMMEDIATE CLOSURE OF ESTABLISHMENT
HEALTH PERMITS ARE NOT TRANSFERABLE TO NEW OWNERS