

NEW HEALTH PERMIT APPLICATION
FOOD SERVICE ESTABLISHMENT
CITY OF UNIVERSITY PARK

In compliance with Ordinance No. 82/27, City of University Park, Texas, I hereby make application for a New Health Permit to operate the following food service establishment:

Name of food service establishment_____

Street on which establishment is located_____

City_____ **State**_____ **Zip**_____

Telephone number of establishment_____

E-mail_____

Manager_____

Owner_____

Firm name (if different from above)_____

Street on which firm is located_____

City_____ **State**_____ **Zip**_____

Telephone number of firm_____

Name (Please PRINT)_____

Signature_____

Title_____ **Date**_____

Permit Fee: \$285.00 per establishment per year. Includes two (2) annual inspections by a Dallas County Health Inspector.

Received \$285.00 by_____ **Check #**_____

Receipt #_____ **Date**_____

In effect from_____ **20** ____ **to** _____ **20** ____

Return To: City Secretary
City of University Park
3800 University Boulevard
University Park, Texas 75205