

**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**