APPLICATION FOR RENEWAL OF HEALTH PERMIT
FOOD SERVICE ESTABLISHMENT
CITY OF UNIVERSITY PARK

In compliance with Ordinance No. 82/27, City of University Park, Texas, I hereby make application for renewal of 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