

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 _____

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: \$225.00 per establishment per year. Includes two (2) annual inspections by a Dallas County Health Inspector.

Received \$225.00 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