



Development Services Department

7800 Stemmons Frwy Dallas, TX 75247

(214) 948-4480

FOOD ESTABLISHMENT PERMIT APPLICATION

DEPARTMENT OF CODE COMPLIANCE

(CONSUMER HEALTH DIVISION)

Fees are non-refundable – A copy of the Texas Sales & Use Tax Permit MUST be attached

<p>Fees Processed at 7800 Stemmons Frwy. Plan review New suite finish out/remodel/ or new construction food establishment permit application.</p>	<p>The fee cannot be applied to a food pre-inspection establishment permit fee. The plan review fee is in addition to the food establishment permit fee. Fees based on current fee schedule. The City of Dallas does not accept payments in the field.</p>	<p>Fees processed at 7901 Goforth: Food Establishment Permit Application (Only for change of owner) Plan Review (Only for Kiosk, Self Service Market or Coffee Carts)</p>
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<p>Permit Requested At 7800 Stemmons</p> <p><input type="checkbox"/> Remodel Existing Permitted Food Facility (same owner) <input type="checkbox"/> New Suite Finish Out/New Construction</p>	<p>Permit Requested From 7901 Goforth:</p> <p><input type="checkbox"/> Kiosk/Self-Service Market <input type="checkbox"/> Change of Ownership of Existing Food Facility Name of Food Business _____ Previous Owner Name _____ <input type="checkbox"/> Sub Permit for _____</p>
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<p>Type of Operation</p> <p><input type="checkbox"/> Retail <input type="checkbox"/> Wholesale</p>	<p>Type of Food Establishment</p> <p><input type="checkbox"/> Restaurant <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Grocery <input type="checkbox"/> Bakery <input type="checkbox"/> Kiosk <input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Warehouse <input type="checkbox"/> Self-Service Market <input type="checkbox"/> Other (Specify) _____</p>
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Job Contractor Business Name _____ Job Contractor Business Address _____
 Business Phone _____ Contact Person for Inspection _____ Email Address _____
 Approx. cost of complete job _____ Start Date _____ End Date _____
 Total Square Feet _____ Days/Hours of operation _____
 Is facility connected to City Water? Yes No City Sewer? Yes No Septic Tank? Yes No

Food Establishment Information

Name of Establishment _____
 Address _____ Suite _____ Zip _____
 Business Phone _____ Registered Food Service Manager _____ Certificate # _____

Owner/Account Information

(Owner is responsible for notifying the Consumer Health Division in writing of any changes)
 Legal owner of establishment (as appears on Texas Sales and Use Tax Permit) _____
 Sole Owner Corporation Partnership (List)
 Mailing Address _____ Suite _____ City _____ State _____ Zip _____
 TX Sales & Use Tax Permit # (Copy Required) _____
 Bus. Phone _____ Owner Phone _____
 By signing below, I certify that the information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid.
 Owner or Authorized Agent (print) _____ Signature _____ /
 Title: _____ Driver's License # and State _____ Date of Birth _____

Office Use Only: Previous OW _____ Previous FA _____ Previous AR _____