

**FOOD SERVICE PERMIT NEW PERMIT or RENEWAL APPLICATION (MUST COMPLETE)**

**NOTE: This form must be filled out completely.** Application does not guarantee that a permit will be granted. Permit approval is based upon compliance with state and local health ordinances. Contact Environmental Health Services for further details regarding permit application procedures.

1. **Establishment Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Establishment Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Days & Hours of Operation:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_
  
2. **Owner's Name** (not Manager): \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Drivers License Number/State** \_\_\_\_\_  
**Residence Address:** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**AND**  
**Corporation's Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Business Address** (if different from establishment): \_\_\_\_\_ **ZIP** \_\_\_\_\_
  
3. **Mail Permits/Renewals to:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_
  
4. **Type of Establishment:** ( ) Restaurant/ Delicatessen, ( ) Tavern/Bar, ( ) Child Care, ( ) Mobile Vendor  
( ) Hospital, ( ) School ( ) Supermarket ( ) Convenience Store ( ) Bakery ( ) Other  
**SERVICE TYPE:** ( ) Seated Service ( ) Carry out ( ) Caterer **# of ADDITIONAL SERVICE AREAS:** \_\_\_\_\_
  
5. **Mobile Units Only** (list each add. vehicle on back of application, delivery only vehicles not required to list) **Attach Commissary Agreement, Restroom Agreement, and any other forms applicable. Submit with application.**  
**Call Police Dept. Records Division for Itinerant Merchants Permit at 657-4250.**  
**Vehicle:** ( ) Truck ( ) Van ( ) Step Van ( ) Trailer ( ) Pushcart ( ) Car ( ) other (specify) \_\_\_\_\_  
**Vehicle Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Year** \_\_\_\_\_  
**Color** \_\_\_\_\_ **License #** \_\_\_\_\_ **State** \_\_\_\_\_ **VIN#** \_\_\_\_\_  
**Type of Food to be Sold** \_\_\_\_\_

**RENEWAL INFORMATION:**

All permits expire January 31st. Renewal permit fees are due by January 31; therefore, **application, along with Risk Form, must be completed and returned YEARLY with permit fee as noted on Renewal Notice.** Permit will not be issued if incomplete application and risk form are not returned. A late fee of \$25.00 applied the day after expiration date and each month thereafter. Non-profit entities are exempt from permit fee, but not from the late fee.

**NOTE: PER COUNCIL DIRECTIVE, IF YOU HAVE NOT RENEWED YOUR PERMIT BY FEBRUARY 28, WE ARE HEREBY AUTHORIZED TO CLOSE YOUR ESTABLISHMENT IMMEDIATELY UNTIL YOUR PERMIT IS RENEWED.**

**NEW PERMIT INFORMATION:**

**Contact office** for details on pro-rated fee at the time of application.

**Permits are non-transferable upon sale of business, transfer of ownership or change of business location or commissary and permit fee will not be refunded.**

**Make checks payable to:** City of San Angelo - Environmental Health  
**Mail application forms and fees to:**

Environmental Health Services  
72 W. College  
San Angelo, Texas 76903

All of the information contained in this application is true and correct to the best of the applicant's knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the codes and statutes and all rules adopted under the codes and statutes of the State of Texas governing food service establishment, retail food stores, mobile food units and roadside food vendors and the City of San Angelo Code of Ordinances.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Applicant**