



**FOOD ESTABLISHMENT PERMIT APPLICATION**

**PLEASE READ ENTIRE APPLICATION AND FILL IN ALL BLANKS COMPLETELY. FAILURE TO DO SO CAN RESULT IN DELAYS.**

This application is hereby made for a permit to operate a food establishment. By this application it is agreed that the establishment will comply with the provisions of the food regulations applicable to this type of establishment. It is further agreed that the said establishment shall be open to inspection by **Waco-McLennan County Public Health District.**

**Name of Establishment (DBA):** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Legal Name (if applicable):** \_\_\_\_\_

- Corporation    LLC    LLP    Partnership    Sole Proprietorship    Non-Profit

**Owner:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Street City State Zip Code

**Mailing/Billing Address:** \_\_\_\_\_  
Street City State Zip Code

**Email Address:** \_\_\_\_\_

**Type of Establishment (BE SPECIFIC):** \_\_\_\_\_  
*(Examples: restaurant, convenience store, school, childcare, concession stand, bakery, etc.)*

**Total number of dining seats:** \_\_\_\_\_ **Building square footage:** \_\_\_\_\_

**Days of week and hours of operation:** \_\_\_\_\_

**Is location of establishment zoned for commercial/business use?**  YES    NO   (check one)  
*If no, STOP application and request additional information. Food establishments cannot be located in residences.*

**If the establishment is new construction,** remodeled, or converting an existing structure then properly prepared plans and specifications showing layout, sizes, equipment, facilities, and materials used must be submitted with application for approval.

**Are plans submitted?**  YES    NO    N/A   (check one)

Upon receipt of this application and notification by applicant that establishment is ready for inspection; the sanitarian shall make an inspection of the food establishment to determine compliance with the food regulations. When inspection reveals that the applicable requirements have been met, a permit shall be issued to the applicant by mail. Please make checks payable to "City of Waco". **Permits and fees are non-transferable and non refundable.**

\_\_\_\_\_  
**Date of Application   Applicant Signature   Applicant Name (Printed)**