

ENNIS HEALTH DEPARTMENT
500 Lake Bardwell Road
PO Box 220, Ennis TX 75120

972-878-1234

ennishealth@yahoo.com
FAX 972-875-6107

FOOD PERMIT APPLICATION

Address of business location

Original Renewal

Name of Business

Mailing address, if different than above

Business phone: _____ Home phone: _____

E-mail address: _____

Food Manager's name

Food Owner's name

Property Information:

Name of legal property owner

Mailing Address of legal property owner

Food Information:

Type of food to be served

Years in Food Service

Number of Employees

yes . no. State of Texas Food Managers Certification.

If yes, expiration date: _____

Opening Date: _____ Not Applicable

I certify that all facts stated in this application are true and correct. Food establishment will be maintained and operated in accordance with City Ordinance Section 10-226 and State of Texas Food Establishment Rules.

Signature

date

Print name

9/09