



CITY OF ENNIS

DEPARTMENT OF HEALTH SERVICES

P.O. Box 220 • Ennis, Texas 75120 • (972) 878-1234 • FAX (972) 875-6107

Website: <http://www.ennis-texas.com>

Email: healthdept@ennis-texas.com

Permanent Facility Food Establishment Permit Application

Annual Renewal <input type="checkbox"/>	New Owner <input type="checkbox"/>	Name Change <input type="checkbox"/>	Remodel Permit <input type="checkbox"/>
<i>(Please check one above)</i>		NOTE: Application must be returned with Payment and Sales Tax I.D.	

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Billing Address (if different):	
4) Establishment Telephone No: Establishment Fax No:	
5) Applicant Name & Title:	
6) Applicant Address:	
7) Applicant Telephone No: 24 Hour Emergency No:	
8) E-mail address: _____	
9) Owner Name & Title (if different from applicant):	
10) Owner Address (if different from applicant):	
11) Days and Hours of Operation: Opening _____ Closing _____ <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> <input type="checkbox"/> If seasonal/Dates _____ / _____ Opening _____ Closing _____	12) Number of Food Service Employees: <hr/> 13) Number Employees that are Certified Food Handler/ Managers: <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Bed and Breakfast <input type="checkbox"/> Frozen Dessert Manufacturer <input type="checkbox"/> Seasonal/Dates:
14) Establishment Type <i>(check all that apply)</i> <input type="checkbox"/> Retail- (#of Seats _____) <input type="checkbox"/> Food Service - (#of Seats _____) <input type="checkbox"/> Food Service - Takeout <input type="checkbox"/> Food Service - Institution (School, Hospital, etc.)	
15) <i>(Describe type of food being served)</i> -- Open Foods: -- Pre-Packaged Foods:	

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

(INCLUDE A COPY OF YOUR CURRENT SALES TAX ID)

16) Signature of Applicant: _____ Date _____

17) Print name: _____

FOR OFFICE USE	
Permit # _____	
Date Received: _____	
Amount Received: _____	
Date Mailed _____	
Processed By: _____	