



Permit #: \_\_\_\_\_

Application Date: \_\_\_\_\_

Email application to: [applications@crossroadstx.gov](mailto:applications@crossroadstx.gov)

This application **MUST** be completed before any Health Permit is issued. NEW FOOD ESTABLISHMENTS, and ESTABLISHMENTS UNDERGOING CHANGE IN OWNERSHIP, CONCEPT, or NAME must also submit a completed ADDENDUM TO FOOD ESTABLISHMENT PERMIT APPLICATION.

**\*\*MOBILE FOOD VENDORS MUST SUBMIT A COMPLETE APPLICATION AT LEAST 10 DAYS IN ADVANCE OF THE EVENT FOR WHICH THEY ARE APPLYING.**

**\*\*INDICATE WHICH ADDRESS IS THE PREFERRED MAILING ADDRESS\*\***

**BUSINESS NAME:** \_\_\_\_\_  
(NAME OF ESTABLISHMENT LOCATED IN CROSS ROADS)

**CONTACT PERSON:** \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CROSS ROADS, TX 76627  
(Physical Street Address location)

TELEPHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**OWNER (INDIVIDUAL OR CORPORATION):** \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**PLEASE LIST NAMES OF CORPORATE OFFICERS, INCLUDING THEIR COMPLETE ADDRESSES BELOW:**

**(1) CORPORATE OFFICER:** \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**(2) CORPORATE OFFICER:** \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

All information in this application, and any required addendums or attached sheets, is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable City ordinances or State laws.

\_\_\_\_\_  
Applicant Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only:

Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Receipt Number \_\_\_\_\_ ☐ Cash ☐ Check #: \_\_\_\_\_

Updated Dept Logo 09-09



## FOOD ESTABLISHMENT HEALTH PERMIT APPLICATION (ADDENDUM)

This form **MUST** be completed for any **NEW FOOD ESTABLISHMENT, OR ANY FOOD ESTABLISHMENT UNDERGOING CHANGE IN OWNERSHIP, CONCEPT OR NAME.**

\*APPLICANTS RENEWING WITH NO CHANGES DO NOT HAVE TO COMPLETE THIS PAGE \*

**APPLICATION DATE:**

**PROPOSED OPENING / REOPENING  
DATE:**

\_\_\_\_\_

\_\_\_\_\_

This Food Establishment is undergoing the following: (*Check all that apply.*)

☐ New Food Establishment

☐ Change of Ownership

☐ Change of Name

☐ Change of Concept

**NAME OF ESTABLISHMENT:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

1. Has/Will the menu of offered foods change? \_\_\_\_\_ If so, please attach updated menu.
2. Hours/Days of Operation: \_\_\_\_\_
3. Will there be a proposed smoking area provided, indoors? outdoors?
4. Will this establishment serve any undercooked animal products? (*For example: sushi; undercooked steaks, tuna steaks, or hamburgers; eggs over easy.*) \_\_\_\_\_ If yes, please attach details of how required reminder/disclosure statements will be provided.
5. Grease Interceptor Size: \_\_\_\_\_ / \_\_\_\_\_ GAL/LB Location: \_\_\_\_\_  
Contracted Servicing Company: \_\_\_\_\_