



HEALTH PERMIT APPLICATION

Email application to: 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.

BUSINESS NAME: _____

CONTACT PERSON: _____

PHYSICAL ADDRESS: _____ MAILING ADDRESS: _____

TELEPHONE: (____) ____-____ EMAIL: _____

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



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 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 an 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: _____