



Ghost/Shared Kitchen Authorization

Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Facility # _____
Date Received _____
Date Scanned _____
For Office Use Only

Must submit a copy of the Ghost/Shared Establishment menu.

Name of Ghost/Shared Establishment: _____ Ghost/Shared Phone: (____) _____

Owner's Name: _____ Owner's Phone: (____) _____

Owner's Address: _____ City/State/Zip: _____

Name of Permitted Food Establishment: _____ Establishment Phone: (____) _____

Owner's Name: _____ Owner's Phone: (____) _____

Owner's Address: _____ City/State/Zip: _____

The above named ghost/shared establishment has my permission to use my establishment as a permitted food establishment. I am aware that any violations and possible citations associated with the ghost/shared establishment are my responsibility because they are operating under my food permit.

Permitted Food Establishment Print Name

Permitted Food Establishment Signature

Date

Ghost/Shared Establishment Print Name

Ghost/Shared Establishment Signature

Date

Wichita Falls-Wichita County Public Health District, Environmental Health Division, 2024



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