



# Food Establishment Application

## Environmental Health Division

### Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | [www.health.wichitafallstx.gov](http://www.health.wichitafallstx.gov)

Facility # \_\_\_\_\_

Date Received \_\_\_\_\_

For Office Use Only

#### Email Applications to [WFEnvironmentalHealth@wichitafallstx.gov](mailto:WFEnvironmentalHealth@wichitafallstx.gov)

**No annually permitted establishment shall allow temporary food vending at their site unless a temporary food application has been approved by the regulatory authority.**

Name of Establishment: \_\_\_\_\_ Establishment Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Name and E-Mail (inspections sent to): \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Billing Name: \_\_\_\_\_ Billing Phone: (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Establishment Description:  For Profit  Non-Profit (Tax Exempt Number \_\_\_\_\_)

#### Please check the appropriate box/boxes that best describes your establishment:

##### MAIN PERMIT TYPES & ADD-ONS

<input type="checkbox"/> \$221 Retail Food Establishment (Restricted Operation)	<input type="checkbox"/> \$139 Concession Stand
<input type="checkbox"/> \$226 Retail Food Establishment (Small 0-2500 sq ft)	<input type="checkbox"/> \$139 Shared Community Kitchen
<input type="checkbox"/> \$283 Retail Food Establishment (Medium 2501-5000 sq ft)	<input type="checkbox"/> \$36 Farmer's Market
<input type="checkbox"/> \$329 Retail Food Establishment (Large 5001+ sq ft)	<input type="checkbox"/> \$0 Farmer's Market Vendor
<input type="checkbox"/> \$221 Retail Food Establishment Mobile (Restricted Operation)	<input type="checkbox"/> \$165 Frozen Dessert Permit Add-on
<input type="checkbox"/> \$258 Retail Food Establishment Mobile	<input type="checkbox"/> \$139 Sample Permit Add-on
<input type="checkbox"/> \$275 Catering (Catering Only Businesses)	<input type="checkbox"/> \$138 Catering Add-on (not for catering only businesses)
<input type="checkbox"/> \$310 Pop-Up Food Vendor	<input type="checkbox"/> \$0 Ghost Kitchen Add-on

##### MULTI-DEPARTMENTAL GROCERY STORES ONLY

<input type="checkbox"/> \$221 Multi-departmental Grocery Store (+ see add-ons)	<input type="checkbox"/> \$139 Meat Market (Grocery Store Add-on)
<input type="checkbox"/> \$139 Bakery (Grocery Store Add-on)	<input type="checkbox"/> \$139 Produce Department (Grocery Store Add-on)
<input type="checkbox"/> \$139 Deli (Grocery Store Add-on)	<input type="checkbox"/> \$139 Other Department (Grocery Store Add-on)
<input type="checkbox"/> \$139 Fish Market (Grocery Store Add-on)	<input type="checkbox"/> \$139 Snack Bar (Grocery Store Add-on)

##### ADDITIONAL PERMITS

<input type="checkbox"/> \$81 per Grease Trap Permit (Attach Additional Application)
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##### TOTAL PERMIT FEES DUE

\$

I (we) apply for a permit to operate a food establishment and by this application do agree to comply with the rules and regulations set forth by the Wichita Falls-Wichita County Public Health District. I (we) understand that any falsifications or omissions as to the material fact or any violation of any law by designees or myself will constitute grounds for revocation or suspension of this permit by the Health District.

Applicant Print Name

Applicant Signature

Date