



# HUNT COUNTY HEALTH DEPARTMENT

2701 JOHNSON STREET

GREENVILLE, TX 75401

(903) 408-4140

FAX (903) 454-2913

## FOOD ESTABLISHMENT PERMIT APPLICATION

Name of Establishment (DBA): \_\_\_\_\_  
(Provide Copy of DBA)

Physical Location of Establishment: \_\_\_\_\_  
Street City Zip Code

Establishment Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Establishment:  Restaurant:  Grocery Store:  Nursing Home:  
 Bar:  Convenience Store:  Child Care:  
 Other (please specify): \_\_\_\_\_

Type of Ownership:  Individual  Partnership  Corporation/LLC  Lease  
(Provide copy of ownership documents)

Name: \_\_\_\_\_

Mailing Address for Permit: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: . \_\_\_\_\_

Contact Information for the Property Owner (if different than information listed under Ownership)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Water Supply provided by: \_\_\_\_\_

Trash Disposal provided by:  City \_\_\_\_\_  Private \_\_\_\_\_

Sewage:  City \_\_\_\_\_ OR  Septic System \_\_\_\_\_  
(Permit Number)

In consideration of issuance of this permit I understand and agree to familiarize myself and comply with all laws and ordinances applicable to operation of said business and further agree to permit unrestricted access to an authorized representative of the Health Department for the purpose of conducting inspections necessary to verify with applicable regulations. **I understand that permits are non-transferable.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*NOTE: Please print. All items are required to be filled out and items requiring documents turned in.**  
**FOR OFFICE USE ONLY!**

Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_  New  Renewal