



CITY OF PASADENA PUBLIC HEALTH DEPARTMENT

P. O. BOX 672
PASADENA, TEXAS 77501 (713) 475-5529

OFFICE USE ONLY
BUSINESS # _____
LICENSE # _____
RECEIPT # _____

PERMITTED YEAR - _____

FOOD ESTABLISHMENT PERMIT APPLICATION
PERMIT FEE IS NON-TRANSFERABLE AND NON-REFUNDABLE
LATE FEE \$100.00

NAME OF ESTABLISHMENT: _____
ADDRESS: _____ CITY, STATE: _____ ZIP: _____
BUSINESS PHONE #: _____ FAX #: _____ E-MAIL: _____
IF NEW, FORMERLY KNOWN AS: _____

NUMBER OF EMPLOYEES: _____ SALES TAX NUMBER: _____
TYPE OF ESTABLISHMENT: _____
SOURCE OF MEAT AND MILK PRODUCTS: _____

OWNER: CORPORATION _____ INDEPENDENT _____ PARTNERSHIP _____ INCORPORATION _____
NAME: _____
ADDRESS: _____ CITY, STATE: _____ ZIP: _____
PHONE #: _____

OWNER OF REAL ESTATE: _____
PHONE #: _____

I certify that all information in this application is true. I understand that the permit issued is nontransferable and that the permit remains the property of the City of Pasadena Health Department, and is subject to revocation if the establishment fails to comply with applicable city ordinances or state laws.

DATE: _____ SIGNED: _____

RISK CATEGORY / FEE: to be completed by Health Department staff		
LOW / \$260.00 _____	MEDIUM / \$360.00 _____	HIGH / \$460.00 _____

Date received: _____	Approved: _____
Amount received: _____	Disapproved: _____
Permit number: _____	Date issued: _____

The City of Pasadena, Texas does not discriminate on the basis of race, color, national origin, sex, religion, age, or the handicapped status in employment or the provision of services.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED