



Health Permit Application

The following is an application for the required Health Permit (Ordinance No. 648 – sec. 2) issued to all food establishments located in the city limits of Kilgore, Texas.

Owner

Name: _____ Phone # _____

Address: _____ State: _____ Zip Code: _____

Name of Company: _____ Office # _____

Email: _____

Food Establishment

Name of Business: _____ Business # _____

Manager: _____ Contact Phone # _____

Business Address: _____ Email: _____

Miscellaneous

Food Mangers License Yes No All Employees Have Food Handling Yes No

<input type="checkbox"/> New or License Expired over 2 years	Fee \$ 50.00	Normal Hours of Operation
<input type="checkbox"/> Renewal (<i>Annually by March 31st</i>)	Fee \$ 25.00	

Type of Service	Notes
<input type="checkbox"/> Restaurants <input type="checkbox"/> Convenience Stores <input type="checkbox"/> Mobile Units** <input type="checkbox"/> Day Care <input type="checkbox"/> Commissary	

*****If this application is for a mobile food unit, a copy of the Certified Food Managers document (CFM), a copy of the commissary's last inspection report if not in Kilgore, and a copy of the agreement for use of the commissary must accompany this application.***

The above is an application necessary for securing a Food Establishment Health Permit. The Undersigned agrees that the above information is correct, and agrees to contact the Kilgore Health Department if any change in the above information occurs. Any failure to comply will result in the revocation of the permit issued.

(Print) Name of Applicant: _____

Signature: _____ Date: ____ / ____ / ____