



CITY OF RICHARDSON HEALTH DEPARTMENT
FOOD SERVICE PERMIT APPLICATION

P.O. Box 830309, Richardson, Texas 75083-0309 • (972) 744-4080

(TYPE OR PRINT ALL INFORMATION)

Please check one: New/Remodel Change of Owner Renewal

DATE: _____ OPENING DATE: _____
(REQUIRED FOR NEW OR CHANGE OF OWNER)

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____
STREET NUMBER AND NAME ZIP CODE

ESTABLISHMENT PHONE: _____ ALT PHONE: _____

MAILING ADDRESS: _____
STREET NUMBER AND NAME or P.O. BOX CITY STATE ZIP CODE

EMAIL ADDRESS: _____ (required to receive inspection reports)

TOTAL NUMBER OF EMPLOYEES: _____ WILL YOU BE CATERING? YES NO

TOTAL SQUARE FOOTAGE OF FOOD SERVICE ESTABLISHMENT _____
(INCLUDE ALL PREPARATION, STORAGE, AND DINING AREAS)

OPTIONAL INFORMATION: (WILL BE DISPLAYED ON CITY WEB PAGE):

TYPE OF CUISINE: _____

ESTABLISHMENT WEBSITE: _____

OWNER NAME(S): _____
(IF PARTNERSHIP, PLEASE LIST PARTNERSHIP INFORMATION BELOW)

PARTNERSHIP NAME: _____

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

**** PLEASE DO NOT WRITE BELOW THIS LINE ****

PERMIT FEE: _____

FOOD ESTABLISHMENT PERMIT FEE:

APPROVED BY: _____
HEALTH AUTHORITY

0-2,000 square feet.....	\$250.00
2,001-7,500 sq. ft.....	\$350.00
Over 7,500 sq. ft.....	\$450.00

Other Fees (in addition to permit fee):

Late Fee <small>(if more than 30 days past due)</small>	\$50.00
New/Remodel Plan Review Fee	\$200.00
Change of Ownership Fee.....	\$100.00

COMMERCIAL CHILD CARE PERMIT FEE:.....\$200.00

COMMENTS: _____

**NOTE: EXPIRATION OF HEALTH PERMIT WILL RESULT IN IMMEDIATE CLOSURE OF ESTABLISHMENT
HEALTH PERMIT IS NONTRANSFERABLE**