



GARLAND

HEALTH

1720 Commerce Street
Garland, TX 75040
(972) 205-3460
(972) 205-3505 Fax
EnvHealth@GarlandTX.gov

FOOD SERVICE PERMIT APPLICATION

Mailing Address
Health Department
P.O. Box 469002
Garland, TX 75046-9002

OFFICE USE ONLY

Fee: _____

Permit: _____

Class: _____ Area: _____

Issue Date: _____

Exp. Date: _____

Renewal Mgr. Chg. New

RECV'D BY/RECEIPT #:

BUSINESS INFORMATION

Business Name: _____
Business Address: _____ Zip: _____
Business Phone: _____ Total Number of Employees _____
Business Email Address: _____
Corporate Name: _____
Corporate Mailing Address: _____

If manager is not business owner, list name(s), address(es), and phone number(s) of owner(s), franchise holder(s), corporate supervisor(s), area manager or other responsible party:

Where would you like this application to be mailed to next year, Corporate or Business Address?

MANAGER INFORMATION

*Corporate representative cannot sign for the local store manager.
Permits will not be issued with corporate signature.*

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED. FAILURE TO COMPLY MAY DELAY ISSUANCE/RENEWAL OF PERMIT.

Manager's Name: _____

Manager's Home Address: _____

Manager's Home Phone: _____

Manager's Email Address: _____

Date Manager Was Employed At Present Store: _____

Texas Driver's License #: _____ Date of Birth: _____

Race: _____ Sex: _____

Manager's Normal Weekly Schedule: _____

I certify that the information provided above is complete, true and accurate to the best of my knowledge. I will also abide by all provisions of the City of Garland Health Code to the best of my ability.

Manager's Signature: _____ Date: _____