



FOOD SERVICE PERMIT APPLICATION

1720 Commerce Street
Garland, TX 75040
(972) 205-3460
(972) 205-3505 Fax

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

OFFICE USE ONLY	
Fee:	_____
Permit:	_____
Class:	_____ Area: _____
Issue Date:	_____
Exp. Date:	_____
<input type="checkbox"/> Renewal	<input type="checkbox"/> Mgr. Chg. <input type="checkbox"/> 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: _____