



HEALTH PERMIT APPLICATION FORM

OWNER INFORMATION				
Owner Name:				
Owner Address:				
City:		State:		Zip:
Home Phone:	()	Email Address:		
FACILITY/BUSINESS INFORMATION				
Establishment Name (DBA):				
Address:				
Business Phone:	()	Alternate Phone:		
Hours of operation:		Days of operation:		
Will business do Catering?	Yes		No	
Number of Employees:				
PROPERTY OWNER INFORMATION				
Owner Name:				
Owner Address:				
City:		State:		Zip:
Home Phone:	()	Email Address:		
BUSINESS TYPE: CHECK ONLY ONE				
<input type="checkbox"/> Food Facility		<input type="checkbox"/> Hotel/Motel		
<input type="checkbox"/> Retail		<input type="checkbox"/> Church		
<input type="checkbox"/> School		<input type="checkbox"/> Daycare		
BILLING INFORMATION				
Please check one mailing address for invoice to renew annual permit:				
<input type="checkbox"/> Business Mailing Address		<input type="checkbox"/> Owner Address		<input type="checkbox"/> Other
If you checked other, what is the address? _____				

Approval of this application and issuance of a City of Pharr Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.				
_____ Signature of Applicant		_____ Print Name		_____ Date
PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE. PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.				
FOR OFFICE USE ONLY				
Date Received: _____	<input type="checkbox"/> CC	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	
Amount Received: \$ _____	Permit Issued: _____			
_____ Received by:				