

Plainview / Hale County Health Department

Application for Food Service Establishment Permit

I, _____ do hereby submit this application to operate a food service establishment in Hale County. I will remain in compliance with the requirements of the Plainview / Hale County Health Department, The rules on food service sanitation issued by the State of Texas, and any city ordinances that my food service establishment may fall under. I understand that this is only an application for a permit. I understand that I will not be allowed to operate a food service establishment until all permit fees have been paid, and I have been inspected by the Plainview / Hale County Health Department. And I have been issued a food service establishment permit. I understand that I will have to pay a permit fee each year upon renewal of my permit. **Permit fees are \$75.00 per year.** Please remit payment to,

**Plainview / Hale County Health Department
111 E. 10TH, Plainview, TX 79072
806 293-1359.**

Please fill out the following information

Please Print

Establishment Name: _____

Address of establishment: _____

Mailing address of establishment: _____

Phone # of establishment: _____

Fax # of establishment: _____

E-mail address of establishment: _____

Owner's name: _____

Owner's phone #: _____

Type of proposed food service: _____

Date application submitted: _____

Signature of applicant: _____