



FOOD ESTABLISHMENT PERMIT APPLICATION

City of Anna
Health Services
 312 N Powell Pkwy
 Anna, TX 75409
 Main: 214.831.5358
 Email: healthsvcs@annatexas.gov

Permit # _____

Application Date: _____

This form MUST be completed before Health Permit(s) are issued. Once paid, the Health Permit placard will be issued to the email listed in the Applicant Box or can be picked up at our office.

TYPE OF BUSINESS: Public School/ISD Cafeteria Private School Cafeteria (\$100.00)

Restaurants (\$350.00) Convenient Stores (\$350.00) Daycare (\$250.00) Foster (\$250.00)

Grocery Stores (\$500.00) Temporary(\$150.00) Pushcarts (\$150.00)

Food Trucks (\$250.00) CITY/Special Events OTHER _____

Stands/Booths (\$150.00) Re-inspection Fee (\$100.00) Late Fee on Renewals (\$100.00)

BUSINESS NAME: _____
 (NAME OF ESTABLISHMENT LOCATED IN ANNA)

STREET ADDRESS: _____ SUITE #/ KIOSK # _____
 (PHYSICAL LOCATION IN ANNA)

CITY: ANNA **STATE:** TEXAS **ZIP:** _____ **TELEPHONE:** _____

EMAIL ADDRESS: _____

****INFORMATION IN THIS BOX WILL BE USED FOR MAILING AND FIRST POINT OF CONTACT**

****APPLICANT NAME:** _____

STREET ADDRESS: _____ SUITE #/ KIOSK # _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **TELEPHONE:** _____

EMAIL ADDRESS: _____

OWNER (INDIVIDUAL OR CORPORATION): _____

STREET ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ **EMAIL ADDRESS:** _____

All information in this application, is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable City ordinances or State laws. Permits are non-transferable and subject to late fee when received after expiration date.

Applicant Name (printed) **Signature** **Date**