



PERMIT ID: \_\_\_\_\_

**CITY OF TERRELL  
HEALTH / FOOD PERMIT APPLICATION**

Check every blank that applies to your food business:

- \_\_\_\_\_ **Food Processing / Service Establishment (\$295 fee)**
- \_\_\_\_\_ **Each Additional Food Service Operation on the Premise (\$50 fee each)**
  - \_\_\_\_\_ **Deli**
  - \_\_\_\_\_ **Meat Market**
  - \_\_\_\_\_ **Bakery**
  - \_\_\_\_\_ **Seafood Market**
  - \_\_\_\_\_ **Other (Please Specify: \_\_\_\_\_)**
- \_\_\_\_\_ **Daycare Facilities / Churches / Assemblies (\$295 fee)**
- \_\_\_\_\_ **Annual Temporary ( Soccer, Football, Baseball etc...) (\$295 fee)**

1. Name of Business (**This is what will appear on Your Health Permit. Please Print Legibly**):

\_\_\_\_\_

2. Business Address: \_\_\_\_\_

3. **Business Mailing Address ( This is where your Health Permit will be mailed to):**

\_\_\_\_\_  
\_\_\_\_\_

4. Phone Number of Business: \_\_\_\_\_

5. **E-mail: (Please print Legibly, We will use this e-mail to send a copy of the Health Permit.):**

\_\_\_\_\_

6. Certified Food Manager Printed Name (please include a Picture ID and/or Food Handler Card ):

\_\_\_\_\_

7. Approximate Number of Employees: \_\_\_\_\_

8. State Sales Tax I.D. Number (11 Digits): \_\_\_\_\_

**Please include a copy of your Drivers License( for non food related businesses) / or Certified Food Managers Picture ID with this application.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Example: A grocery store with a deli inside would total \$295/year \$345 for grocery and \$50 for deli.**

**Example: A grocery store with a deli and meat market within the store would be \$395/year (\$295 for grocery, \$50 for deli and \$50 for meat market)**

*Office Use Only:*

*Permit Fee:* \_\_\_\_\_

*Date Paid:* \_\_\_\_\_

*Delivery Method: MAIL / PICKUP*

**A LATE FEE of 295.00 will be assessed for all applications submitted after January 15th.**