

Permit # \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Date Mailed \_\_\_\_\_

Receipt # \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Date Expires \_\_\_\_\_



Phone: (806) 378-9472  
 Fax: (806) 378-3585

TDD: (806)378-4229  
 ehealth@amarillo.gov

## Amarillo Area Public Health District

### Application for a Permit to Operate a Food Establishment

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Establishment Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner or Corporation: \_\_\_\_\_ Attention: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Which best describes this application: Change of Owner  New Establishment

Where does the Food Establishment permit need to be mailed? Establishment  Owner/Corporation

Will any alcohol be sold or served? Yes  No

Annual Permit Fee will be based off the square footage of the structure/tenant space: Square Footage: \_\_\_\_\_

#### Permit Type

<input type="checkbox"/> Tier 1	Catering, Pre-packaged/Non-TCS facilities, Umbrella, TCS Vending Machines, Snack Only Group Care, Pre-packaged MFU, Salons	\$150
<input type="checkbox"/> Tier 2	0-15,000 square feet	\$420
<input type="checkbox"/> Tier 3	15,001 square feet, Mobile Food Units	\$720

#### Associated Fees

<input type="checkbox"/>	Application/Plan Review Fee	\$150
<input type="checkbox"/>	Out of City Limits Fee	\$150
<input type="checkbox"/>	Fire Marshal Inspection Fee (MFU only)	\$50
<input type="checkbox"/>	Waste Water Pre-treatment Permit	\$145

Applicant's signature \_\_\_\_\_ Hours of operation \_\_\_\_\_

Mail Application and Permit Fee To  
 Environmental Health Department  
 PO Box 1971  
 Amarillo, TX 79105-1971

Physical Address  
 Environmental Health Department  
 808 S. Buchanan  
 Amarillo, TX 79101