

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

For fee amount, see current FY schedule

<input type="checkbox"/>	Tier 1 Catering, Pre-packaged/Non-TCS facilities, Umbrella, TCS Vending Machines, Snack Only Group Care, Pre-packaged MFU, Salons	
<input type="checkbox"/>	Tier 2 0-15,000 square feet, Mobile Food Units w/ Business PRAD Account	
<input type="checkbox"/>	Tier 3 15,001 square feet, Mobile Food Units w/out Business PRAD Account	

Associated Fees

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

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