



Food Establishment Application
Environmental Health Division
Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Site No. _____
Date Received _____
For Office Use Only

Incomplete Applications will not be approved

No annually permitted establishment shall allow temporary event food vending at their site unless a temporary event application has been approved by the regulatory authority.

Name of Establishment: _____ Establishment Phone: (____) _____
Establishment Address: _____ City/State/Zip: _____
Name and E-Mail (inspections sent to): _____
Name and E-Mail (inspections sent to): _____
Name and E-Mail (inspections sent to): _____
Owner's Name: _____ Owner's Phone: (____) _____
Owner's Address: _____ City/State/Zip: _____
Billing Name: _____ Billing Phone: (____) _____
Billing Address: _____ City/State/Zip: _____
Emergency Contact Person: _____ Phone: (____) _____
Establishment Description: [] For Profit [] Non-Profit (Tax Exempt Number _____)

Please check the appropriate box/boxes that best describes your establishment:

CHOOSE YOUR PROCESS
[] \$206 Process 1: Receive -> Store -> Prepare -> Hold -> Serve/Vend/Stock [] Mobile Unit
[] \$232 Process 2: Receive -> Store -> Prepare -> Cook -> Hold -> Serve [] Mobile Unit
Certified Food Manager Name and Expiration Date: _____
[] \$309 Process 3: Receive -> Store -> Prepare -> Cook -> Cool -> Reheat -> Hot Hold -> Serve [] Mobile Unit
Certified Food Manager Name and Expiration Date: _____

ADDITIONAL SERVICES
[] \$129 Bakery [] \$129 Fish Market [] \$129 Catering
[] \$129 Snack Bar [] \$129 Meat Market [] \$129 Commissary
[] \$129 Deli [] \$129 Produce Department

ADDITIONAL PERMITS
[] \$77 per Grease Trap Permit (Attach Additional Application)
[] \$155 Frozen Dessert Permit
[] \$180 Seasonal Permit (1-6 months; Nothing to qualify as a Process 3)

TOTAL PERMIT FEES DUE
\$

I (we) apply for a permit to operate a food establishment and by this application do agree to comply with the rules and regulations set forth by the Wichita Falls-Wichita County Public Health District. I (we) understand that any falsifications or omissions as to the material fact or any violation of any law by designees or myself will constitute grounds for revocation or suspension of this permit by the Health District.

Applicant Print Name Applicant Signature Date