



**CITY OF MESQUITE
Health Office**

1515 N. Galloway, Mesquite, TX 75149
972-216-8138
FAX 972-216-6908

**Food Establishment Health Permit
Application
(Please Print)**

Permit # _____
Class: _____
Date: _____
Fee: _____
501(c)3# _____

Name of Establishment: _____ No. of Employees _____

Address of Establishment _____ Phone # _____

FAX # _____

Owner of Business _____

Address _____

Phone # _____

Owner of Premises _____

Address _____

Phone # _____

If firm, corporation, or partnership, list names and addresses of owners:

Permits issued under provisions of Ordinance #3768 are valid for one year from the date of issuance unless otherwise specified. Permits are non-transferable with changes of ownership. This office must be notified immediately of any change in the above listed information.

Name of Applicant

Date