



CITY OF MESQUITE
Health Division
1515 N Galloway Ave, Mesquite TX 75149
Phone: 972-216-8138
FAX: 972-216-6908

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

Food Establishment
Health Permit Application
(Please Print)

Name of Establishment: _____ # 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.

Printed Name of Applicant _____

Signature of Applicant _____

Date of Application _____