



Galveston County Health District

APPLICATION FOR FOOD SERVICE PERMIT

NOTICE

Permit Must Be Obtained Prior to:

Date: _____ 20____

Date: _____

The undersigned hereby makes application
_____ For a Food Service Permit
_____ To re-validate current Food Service Permit

To conduct the business of: _____
(Restaurant, Grocery Store, Delicatessen, Bakery, Tavern, or Bar, etc.)

Name of Establishment: _____ Phone: _____

Establishment Address: _____
(Address, City, State, Zip)

Mailing Address: _____
(Address, City, State, Zip)

Owners Name: _____ Phone: _____

Owners Address: _____
(Address, City, State, Zip)

Operator's Name: _____ Phone: _____

Operators Address: _____
(Address, City, State, Zip)

Applicant's Signature: _____

This application must be returned to the Galveston County Health District Office address listed below

Office Location: 1205 Oak Street, La Marque, Texas
Mailing Address: P.O.Box 939
La Marque, Texas 77568
Phone: 409-938-2300

FOR HEALTH DISTRICT USE ONLY

Date Issued: _____ 20 _____

Quarter: _____

Receipt Number: _____

Expiration Date: _____ 20 _____

Permit Number: _____

Risk Level: _____

Permit Fee: _____

Application Approved by: _____
Sanitarian/Inspector