



CITY OF RICHARDSON HEALTH DEPARTMENT  
**FOOD SERVICE PERMIT APPLICATION**

P.O. Box 830309, Richardson, Texas 75083-0309 • (972) 744-4080

**(TYPE OR PRINT ALL INFORMATION)**

Please check one:       New/Remodel       Change of Owner       Renewal

DATE: \_\_\_\_\_ OPENING DATE: \_\_\_\_\_  
(REQUIRED FOR NEW OR CHANGE OF OWNER)

ESTABLISHMENT NAME: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_  
STREET NUMBER AND NAME ZIP CODE

ESTABLISHMENT PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET NUMBER AND NAME or P.O. BOX CITY STATE ZIP CODE

EMAIL ADDRESS: \_\_\_\_\_ (required to receive inspection reports)

TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_ WILL YOU BE CATERING?     YES     NO

TOTAL SQUARE FOOTAGE OF FOOD SERVICE ESTABLISHMENT \_\_\_\_\_  
(INCLUDE ALL PREPARATION, STORAGE, AND DINING AREAS)

<p><b>OPTIONAL INFORMATION:</b> <small>(WILL BE DISPLAYED ON CITY WEB PAGE):</small></p> <p>TYPE OF CUISINE: _____</p> <p>ESTABLISHMENT WEBSITE: _____</p>
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OWNER NAME(S): \_\_\_\_\_  
(IF PARTNERSHIP, PLEASE LIST PARTNERSHIP INFORMATION BELOW)

PARTNERSHIP NAME: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

**\*\* PLEASE DO NOT WRITE BELOW THIS LINE \*\***

PERMIT FEE: \_\_\_\_\_

**FOOD ESTABLISHMENT PERMIT FEE:**

0-2,000 square feet.....	\$250.00
2,001-7,500 sq. ft.....	\$350.00
Over 7,500 sq. ft.....	\$450.00

**Establishments with grease trap add \$50.00**

**Other Fees (in addition to permit fee):**

Late Fee <small>(if more than 30 days past due)</small> .....	\$50.00
New/Remodel Plan Review Fee .....	\$200.00
Change of Ownership Fee.....	\$100.00

**COMMERCIAL CHILD CARE PERMIT FEE:.....\$200.00**

APPROVED BY: \_\_\_\_\_  
HEALTH AUTHORITY

COMMENTS: \_\_\_\_\_

**NOTE: EXPIRATION OF HEALTH PERMIT WILL RESULT IN IMMEDIATE CLOSURE OF ESTABLISHMENT  
HEALTH PERMIT IS NONTRANSFERABLE**