

Harrison County Consumer Health
2005 Warren Dr
Marshall, TX 75672
903-935-4870



Food Permit Application Yr _____

Business Information

Business Name: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Owner Information

Owned By: ☐ Individual ☐ Corporation

Owners Name: _____ Phone: _____

Type of Business:

- | | | |
|---|--|--|
| <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Beverage/Nutrition |
| <input type="checkbox"/> Food Establishment | <input type="checkbox"/> Meat Market | <input type="checkbox"/> Non-profit Organization |
| <input type="checkbox"/> Central Prep Kitchen | <input type="checkbox"/> Care Facility | <input type="checkbox"/> Catering |
| <input type="checkbox"/> School Cafeteria/Afterschool | <input type="checkbox"/> Bakery/Deli | |
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Hotel | |

I attest that the information provided above is true and accurate. I agree to comply with the Harrison County Health Codes and the permit applied for shall be subject to all provisions of the orders and ordinances of the Harrison County, and shall be subject to all provisions of the statutes and ruled adopted under the statutes of the State of Texas governing food service establishments, retail food stores, mobile food units, and roadside food vendors and understand that failure to do so may result in revocation or suspension of the permit. I understand that the permit will lapse if the annual permit fee is not paid prior to January 1 of each year and that a **penalty of \$100.00 must be paid each month the payment is late**. I understand that this permit is granted to the above-listed owner(s) at the above-listed location for the type of food service listed above. I further understand that this permit is not transferable and that these fees are non-refundable.

Signature

Print

Date

Office Use Only

Date _____

Health Inspector _____

FEES ARE 1/2 PRICE UNTIL DECEMBER 2025

Permit # _____ Amount Paid _____ Date _____

Payment Type

Check **Make out to Harrison County Consumer Health**

Money Order

Receipt #: _____

Received by _____ Date _____

Permit Fees:

- | | |
|---|-------|
| <input type="checkbox"/> 1-13 Employees | \$250 |
| <input type="checkbox"/> 14 or more Employees | \$300 |
| <input type="checkbox"/> Mobile Unit | \$200 |
| Catering | |
| Central Prep-Kitchen | |