



Ector County, Texas  
**APPLICATION FOR HEALTH PERMIT**  
(City)

PLEASE CHECK ONE: \_\_\_\_\_ Annual Renewal \_\_\_\_\_ Application For New Permit

**INSTRUCTIONS:** Please complete the application in detail. **Note:** A health permit is valid from January 1<sup>st</sup> to December 31<sup>st</sup> of every year. Payments made after January 31<sup>st</sup> of every year will be charged a double fee. **Submit this application (by mail or in person) with the appropriate fee (based on the number of employees working in your establishment)**

**Facility Information**

Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email **(Required):** \_\_\_\_\_ (will be used to send permits, invoices etc.)  
Manager's name: \_\_\_\_\_  
Certified Food Manager (CFM)/Food handler: Must provide copies prior to receiving permit  
Type of Facility: ☐ Restaurant ☐ Retail Store ☐ Grocery store Other \_\_\_\_\_  
☐ Snow Cone Stand ☐ Coffee Stand ☐ Bar  
Any changes to the menu from last year? ☐ Yes ☐ No (If yes, please provide a copy of the menu)  
Does the facility cater or deliver? ☐ Yes ☐ No  
Does the facility have a mobile food truck or catering vehicle? ☐ Yes ☐ No (If yes, please fill out a mobile unit application along with this one)  
Is the facility connected to a ☐ Public water supply ☐ Water well (Must provide copy of last well test or have well tested for bacteria).  
Is the facility connected to a ☐ City Sewer ☐ Septic System (On-Site Sewage Facility) Documents needed along with the completed application:  
Payment: Cash/Credit card/Check \_\_\_\_\_  
(check number)

The applicant hereby acknowledges an understanding of the provisions of the ordinance relative to the payment of fees, expiration date of permit, renewal requirements, permit suspension and review of plans for new construction, remodeling, or conversions. This form must be completed & returned for change of ownership, change of location and is requested when establishment is no longer in business so that account may be made inactive.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Office use only:

Date: \_\_\_\_\_ Facility FA Number: \_\_\_\_\_

Reviewed and Approved by: \_\_\_\_\_

☐ Scanned to Envision Connect

Revised 10/24/2024

**Permit Fee Charges**

<u>Employees</u>	<u>County Fees</u>
___ 1-10	\$140.00
___ 11-35	\$300.00
___ 35+	\$600.00
___ Snow-cone Stand	\$100.00
___ Coffee Stand/Shop	\$100.00
___ Nursing Home	\$300.00