



PERMIT APPLICATION & NOTICE FORM
CONSUMER HEALTH DIVISION
WILLOW PARK PUBLIC HEALTH DEPARTMENT
120 EL CHICO TRAIL, SUITE A WILLOW PARK, TX 76087
817-441-7108

PERMIT STATUS

New Business _____

Ownership _____ Change _____

Add On _____

1. Name of Establishment: _____
2. Location of Business: _____
3. Mailing Address: _____
4. Name & Address of Owners: _____
5. Owner Email _____
6. Type of Ownership: Proprietorship ____ Partnership ____ Corporation ____ Other (explain) _____
7. If Business is a corporation who is the majority stockholder: _____
If Business is a partnership, list all partners: _____
8. Is applicant business a subsidiary of another company? _____
If yes, of what company is applicant a subsidiary? _____
9. Does the owner as listed above have controlling interest in the business? Yes ____ No ____ f no, answer question #9
10. Who has controlling interest in the building? _____
11. Business telephone: _____ Home telephone: _____
12. Number of employees (including part time): _____
13. Are vehicles used in the business: Yes ____ No ____ If yes, please complete question #14 other _____
14. Nature of business (check one):
____ Food Establishment/Type _____
____ Frozen Dessert
____ Child Care Facility: Number of children licensed for _____ Number of infants licensed for _____
____ Mobile Units: Type: _____
____ Public Swimming Pool or Spa _____
____ Pushcart
____ Motel/Hotel: Number of rental rooms _____
____ Other _____

- | 15. <u>Current License Number</u> | <u>Make</u> | <u>Model</u> | <u>Type</u> |
|-----------------------------------|-------------|--------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- | 16. From whom are fish and seafoods purchased? | <u>Name</u> | <u>Address</u> | <u>City</u> | <u>St</u> |
|--|-------------|----------------|-------------|-----------|
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

"I understand any permit granted from this application may be revoked for non-compliance. Failure to comply with any City of Willow Park rules and regulation affecting public health and sanitation shall be deemed cause for revocation."

Date: ____ / ____ / ____ Applicant (print): _____

Signature: _____

Drivers License Number: _____ Date of Birth ____ / ____ / ____

PERMIT NOTICE

Inspector: _____

Date: ____ / ____ / ____