



Permit #: _____

Application Date: _____

This application MUST be completed before any Health Permit is issued. NEW FOOD ESTABLISHMENTS, and ESTABLISHMENTS UNDERGOING CHANGE IN OWNERSHIP, CONCEPT, or NAME must also submit a completed ADDENDUM TO FOOD ESTABLISHMENT PERMIT APPLICATION.

****PLEASE INDICATE WHICH ADDRESS IS THE PREFERRED MAILING ADDRESS****

BUSINESS NAME: _____ (NAME OF ESTABLISHMENT LOCATED IN CROSS ROADS)		
CONTACT PERSON: _____		
STREET ADDRESS: _____ CROSS ROADS, TX 76627 (Physical Street Address location)		
TELEPHONE: (____) ____-_____		
OWNER (INDIVIDUAL OR CORPORATION): _____		
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		
TELEPHONE: (____) ____-_____		
PLEASE LIST NAMES OF CORPORATE OFFICERS, INCLUDING THEIR COMPLETE ADDRESSES BELOW:		
(1) CORPORATE OFFICER: _____		
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		
(2) CORPORATE OFFICER: _____		
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		
All information in this application, and any required addendums or attached sheets, is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable City ordinances or State laws.		
Applicant Name (printed) _____	Signature _____	Date _____
Office Use Only:		
Date: _____ Expiration Date: _____		
Receipt Number _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____		



FOOD ESTABLISHMENT HEALTH PERMIT APPLICATION (ADDENDUM)

This form **MUST** be completed for any **NEW FOOD ESTABLISHMENT, OR ANY FOOD ESTABLISHMENT UNDERGOING CHANGE IN OWNERSHIP, CONCEPT OR NAME.**

*APPLICANTS RENEWING WITH NO CHANGES DO NOT HAVE TO COMPLETE THIS PAGE *

APPLICATION DATE:

**PROPOSED OPENING / REOPENING
DATE:**

This Food Establishment is undergoing the following: (*Check all that apply.*)

New Food Establishment

Change of Ownership

Change of Name

Change of Concept

NAME OF ESTABLISHMENT: _____

STREET ADDRESS: _____

1. Has/Will the menu of offered foods change? _____ If so, please attach updated menu.
2. Hours/Days of Operation: _____
3. Will there be a proposed smoking area provided, indoors? outdoors?
4. Will this establishment serve any undercooked animal products? (*For example: sushi; undercooked steaks, tuna steaks, or hamburgers; eggs over easy.*) _____ If yes, please attach details of how required reminder/disclosure statements will be provided.
5. Grease Interceptor Size: _____ / _____ GAL/LB Location: _____
Contracted Servicing Company: _____