



# BUSINESS & HEALTH PERMIT APPLICATION

Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Business Phone Number: \_\_\_\_\_  
 Business E-Mail: \_\_\_\_\_  
 Name of Owner/Manager: \_\_\_\_\_  
 Owner/Manager Address: \_\_\_\_\_

## PLEASE CHECK TYPE OF BUSINESS APPLYING FOR:

Small Business		Foods		Automotive		Recreational	
Apparel		Convinient		Mechanic		Clubs	
Print		Bakery/Tortilleria		Body/Paint		Carnival	
Florist		Produce/Agricultural		Tire		Bar/Lounge	
Beauty/Barber		Restaurant		Glass		Circus	
Specialty		Raspa Stand		Gasoline Station			
Renter		Frozen Food		Auto Part			
Flea Market		Day Care Child/Adult		Car Wash			
Concession				Tube/Lube			

Brief description of bussines: \_\_\_\_\_

## Requirments

## Fee Schedule

Site Plan		Business \$25.00		Flea Market \$20.00	
Lease Agreement		w/ food \$125.00		w/food \$120.00	

I understand and agree to comply with all Health Ordinances and other city and state laws that may govern my particular business. I understand that any violation of the above said restrictions could mean immediate revocation of the permit to operate. **\*\* ALL PERMITS ARE VALID FOR ONE (1) YEAR AND MUST BE RENEWED YEARLY. IF BUSINESS IS NO LONGER OPERATING PLEASE CALL TO CLOSE ACCOUNT**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## DO NOT WRITE BELOW. OFFICIAL USE ONLY

Issue permit ( ) Do NOT Issue Permit ( )

Comments:

Received by: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_