



FOOD ESTABLISHMENT PERMIT APPLICATION

CITY OF FRISCO
HEALTH & FOOD SAFETY
6101 Frisco Square Blvd. 3rd Floor
Frisco, TX 75034
Main: 972.292.5304 Fax: 972.292.5313
Email: health@friscotexas.gov

Permit # _____

Application Date: _____

This form MUST be completed before Health Permit(s) are issued.

Once paid, the Health Permit placard will be issued to the email listed in the Applicant Box or can be picked up at City Hall.

TYPE OF BUSINESS: CAFETERIA (\$500.00) CENTRAL PREPARATION FACILITY (\$500.00)

CONCESSION (\$50.00) CONVENIENCE STORE (\$250.00) DAYCARE (\$300.00) CATERING (\$500.00)

GROCERY STORE (\$650.00) LIMITED FOOD (\$100.00) PRIVATE (\$500.00) KIOSK (\$200.00)

RESTAURANT (\$500.00) SCHOOL/CITY (\$0.00) OTHER _____

STADIUM KIOSK (\$200.00) STADIUM RESTAURANT (\$400.00) STADIUM CONCESSION (\$200.00)

BUSINESS NAME: _____
(NAME OF ESTABLISHMENT LOCATED IN FRISCO)

STREET ADDRESS: _____ SUITE #/ KIOSK # _____
(PHYSICAL LOCATION IN FRISCO)

CITY: FRISCO STATE: TEXAS ZIP: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

****INFORMATION IN THIS BOX WILL BE USED FOR MAILING AND FIRST POINT OF CONTACT**

****APPLICANT NAME:** _____

STREET ADDRESS: _____ SUITE #/ KIOSK # _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

EMAIL ADDRESS: _____

OWNER (INDIVIDUAL OR CORPORATION): _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

All information in this application, 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. Permits are non-transferable and subject to late fee when received after expiration date.

Applicant Name (printed) **Signature** **Date**