

## **Health Permit**

— New nearm permit	☐ Annual health renewal ☐ Busines	s owner change in Tempor	ary 🗆 Seasonar	
Business name:				
Business address:				
Business mailing address if diff	Perent:			
Name of business contact:		Title:		
Primary phone contact:	Sec	Secondary phone contact:		
Fax:	Email			
Hours of operation:	After hours contact:	Phone	:	
Name of property owner:				
Address of property owner:				
once every one hundred twenty  I attest that the information provi	uired to have grease traps and slow (120) days and at all other times ded above is true and accurate. I a ailure to do so may result in revoca	s as necessary to maintain gree to comply with the C	n their effectiveness.  ity of Lake Dallas rules and	
	no later than December 31st of each			
Print Applicant Name	Applicant Signature	Title	Date	
Permit Fee Schedule:				
Annual Health Permit		\$175.00 _		
Annual Health Permit Renewal after January 1st		\$225.00		
Seasonal Health Permit		\$75.00		
Temporary Health Permit		\$15 p/day _		
Plan Review (new food establishments)		\$100.00		
Plan Review (previously occupied food establishments)		\$75.00		
Re-inspection Fee/Or Complaint Initiated Inspection Fee		\$75.00		
		Total _		
Permit Approved:	Permit Denied:	Date Issued:		
Community Development:	Da	te·	Expiration Date:	