



FOOD ESTABLISHMENT PERMIT APPLICATION

City of Mansfield
Department of Regulatory Compliance
620 S. Wisteria Street
Mansfield, TX 76063
(817) 276-4221

Application Date: _____

Permit Status (check one):

- Renewal
- Change of Ownership
- Information Update

This form **MUST** be completed before Health Permit(s) are issued. Once the permit application fee has been paid and the permittee is in compliance with all applicable ordinances, a Health Permit placard will be issued to the email listed in the Applicant Box or can be picked up at 620 S. Wisteria Street, Mansfield, Texas 76063. Payments can be made by check or money order to City of Mansfield, C/O: Regulatory Compliance at the above address. **Please note, we are unable to accept online payments at this time.**

TYPE OF BUSINESS:

<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Daycare Food Service
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Kiosk
<input type="checkbox"/> School/City	<input type="checkbox"/> Food Service	<input type="checkbox"/> Other _____

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

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

CITY: Mansfield STATE: Texas ZIP: 76063 PHONE: _____

EMAIL ADDRESS: _____ SALES TAX ID #: _____

AFTER HOURS EMERGENCY CONTACT NAME: _____

PHONE: _____

****THE FOLLOWING INFORMATION WILL BE USED FOR MAILING AND FIRST POINT OF CONTACT.**

**APPLICANT NAME: _____

STREET ADDRESS: _____ SUITE/KIOSK #: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

OWNER (INDIVIDUAL OR CORPORATION): _____

STREET ADDRESS: _____ SUITE/KIOSK #: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

All information in this application is true to the best of the applicant's knowledge. 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 a late fee when received after its expiration date.

Applicant Name (Printed)

Signature

Date

FOR OFFICE USE ONLY		
Received by Action	Date Received	<input type="checkbox"/> Mail <input type="checkbox"/> On-site
	/ /	
Taken or Required		
Signature	Date Action Complete	
	/ /	