



SEASONAL FOOD ESTABLISHMENT PERMIT APPLICATION

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

Application Date: _____

Start: _____

End: _____

PERMIT IS VALID FOR LISTED START AND END DATES.
A NEW HEALTH PERMIT AND INSPECTION ARE REQUIRED EVERY SEASON.

Payments can be made by **check** or **money order** to City of Mansfield, C|O: Regulatory Compliance at the above address. If you would like to pay via an **online payment link**, please contact the department at regulatory.compliance@mansfieldtexas.gov. *If you are applying for a permit renewal, a digital payment link may have already been sent to the contact information provided on your previous application, please check to ensure you have not already received it.* Permit fees must be remitted to the office **prior to or on the invoice due date**. If you do not pay by the **invoice due date**, you may be subject to late fees or at risk of your permit being denied or suspended. Non-payment after 90 days from the invoice due date will cause your permit to be denied or revoked and require a new application to be completed in whole.

GENERAL INFORMATION

VENDOR: _____ SALES TAX ID: _____

VENUE NAME: _____

VENUE ADDRESS: _____
 (STREET) (CITY) (STATE) (ZIP)

START DATE: _____ END DATE: _____

HOURS OF OPERATION: (FROM/TO): _____

DO YOU OPERATE FOOD ESTABLISHMENTS AT OTHER LOCATIONS? YES NO

IF YES, LOCATION: _____

THE FOLLOWING INFORMATION WILL BE CONSIDERED AS THE FIRST POINT OF CONTACT REGARDING PERMIT STATUS

APPLICANT NAME: _____

APPLICANT ROLE: OWNER MANAGER OWNER AGENT CONTRACTOR

EMAIL: _____ PHONE: _____ EXT: _____

