

Harrison County Sheriff's Office  
Fire Marshal – Consumer Health  
2005 Warren Dr  
Marshall, TX 75672  
903-935-4870



**Concession Information**

Concession Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Person Responsible:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of food handlers: \_\_\_\_\_

**Copy of 501 C3 must be submitted**

I attest that the information provided above is true and accurate. I agree to comply with the Harrison County Health Codes and the permit applied for shall be subject to all provisions of the orders and ordinances of the Harrison County, and shall be subject to all provisions of the statues and ruled adopted under the statues of the State of Texas governing food service establishments, retail food stores, mobile food units, and roadside food vendors and understand that failure to do so may result in revocation or suspension of the permit. I understand that this permit is granted to the above-listed owner(s) at the above-listed location for the type of food service listed above. I further understand that this permit is not transferable and that these fees are non-refundable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

*Office Use Only*

Health Inspector \_\_\_\_\_

Date \_\_\_\_\_

Permit # \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_