Food Permit Application Yr____

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



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Business Information			
Business Name:			
Address:	City	State	Zip
Mailing Address:	City	State	Zip
Phone: Owner Information	Email:		
Owned By: ☐ Individual ☐	Corporation		
Owners Name:	Phone: _		
Type of Business: Mobile Unit Food Establishment Central Prep Kitchen School Cafeteria/Afterschool Grocery Store I attest that the information provided above is to for shall be subject to all provisions of the orderuled adopted under the statues of the State of Tood vendors and understand that failure to do state annual permit fee is not paid prior to Januar that this permit is granted to the above-listed on that this permit is not transferable and that these	rs and ordinances of the Harrison Cour Texas governing food service establish so may result in revocation or suspensi- ry 1 of each year and that a penalty of \$ wner(s) at the above-listed location for	nty, and shall be subject to ments, retail food stores, m on of the permit. I understa \$100.00 must be paid if the	all provisions of the statues and obile food units, and roadside and that the permit will lapse if payment is late. I understand
Signature	Prin	t	Date
Health Inspector	Office Use Only	, Date	
Permit # Amount Paid Payment Type Check		Permit Fees: 1-13 Emp 14 or mor Mobile U	loyees \$250 e Employees \$300
Received by	Date		