



# Town of Little Elm Health/Alcohol Sales Permit Application

**For Health Permit:** Please submit with this application a copy of your Driver's License and a copy of your food manager's certificate.

**For Alcohol Sales Permit:** Please submit with this application a copy of your State Permit.

**BUSINESS NAME:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner is a(an):  Individual  Firm  Corporation  Partnership

Owner's Name: \_\_\_\_\_

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

Manager's Name: \_\_\_\_\_

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

### Permit being applied for:

_____	<b>Opening Inspection Fee (applies to all food service and grocery at time of opening)</b>	<b>\$250 one time fee</b>
_____	<b>Food Service (Restaurants &amp; Small grocery)</b>	<b>\$350 annual fee</b>
_____	<b>Limited Purpose Food (non-PHF)</b>	<b>\$ 50. annual fee</b>
_____	<b>Pool (Public &amp; Semi-public)</b>	<b>\$175 annual fee</b>
_____	<b>Daycare</b>	<b>\$350 annual fee</b>
_____	<b>Mobile Vendor</b>	<b>\$175 annual fee</b>
_____	<b>Non-Profit (Public School)</b>	<b>No charge</b>
_____	<b>Alcohol Sales Permit</b>	<b>½ of State Permit Fee</b>

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Health Grade Cards will be furnished by health inspector upon passing of inspection.