



Fee Schedule

Annual Permit Fee	Application Fee	\$450	Master Low Priority.....	\$200
Low Priority	Change of Ownership	\$300	Master Medium Priority	\$220
Medium Priority	Duplicate Permit Fee	\$10	Master High Priority.....	\$300
High Priority.....	Reinstatement Fee	\$75	Master Stationary Mobile....	\$180

Community Services Department/Health Division Use Only

Date Approved ____/____/____ By: _____ Date Received ____/____/____ By: _____
 Comp # _____ Element Type: _____ Receipt Number _____
 Inv. # _____ Inv. Type: _____ Sup Dist: _____ Application/Change of Owner Fee: _____
 Expiration Date ____/____/____ Entered by: _____ Annual Permit Fee: _____
Total Amount Due with Application: _____

Application for Food Establishment Permit

ALL FIELDS MUST BE COMPLETED; PRINT MUST BE LEGIBLE.

Establishment Name _____ (_____) _____
(site phone number)

Establishment Address _____
(street number) (dir) (street name) (suite) (zip)

Owner _____ (_____) _____
(owner phone number)

Email Address _____

Owner Address: _____
(must be different than site address) (address)

(city) (state) (zip)

Emergency Contact: Name: _____ Phone: _____

Status (please check): Sole Proprietor Partnership Corporation

Bill to: Site address Owner Address

I attest that the information provided above is true and accurate. I agree to comply with the City of Arlington Health Code and understand that failure to do so may result in suspension or revocation of the permit. I understand that the permit will lapse if the annual permit fee is not paid prior to the expiration date and that the reinstatement fee must be paid in order to maintain a valid permit. I further understand that the permit is granted to the above listed owner(s) and is not transferable and that these fees are non-refundable.

Signature of Applicant _____ Date _____

Drivers License Number _____ State _____