



Health Permit Application

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

6800 Main Street, The Colony, Texas 75056
Phone 972-624-3100

Email the completed application to: health@thecolonytx.gov
Contact Lisa Pomroy at 214-457-0494 to schedule Health Inspection

Health Permit

Establishment must notify the City of any changes to the information below within 10 business days to avoid enforcement actions.

Business Name: \_\_\_\_\_

Address \_\_\_\_\_

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

Mailing Address (if different from Business Location) (All correspondence will be sent to this address)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Business Owner

Name \_\_\_\_\_ E-mail \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Manager

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Type of Permit

New Establishment Proposed Opening Date \_\_\_\_\_

Annual Renewal Seasonal (schedule required) Change of Ownership/Pre-opening (\$75.00)

Type of Establishment

- Child Care (\$200) Seasonal (\$100 per 6 months) Schools Self-Service Markets (\$265)
Grocery Store <8,000 sq. ft. GFA (\$350) Restaurant <2,000 sq. ft. GFA (\$350) Convenience Store (\$265) Liquor Store (No Fee)
Grocery Store >8,000 sq. ft. GFA (\$550) Restaurant >2,000 sq. ft. GFA (\$550) Convenience Store with deli (\$320)
Warehouse/Distribution/Catering <2,000 sq. ft. GFA (\$350) Warehouse/Distribution/Catering >2,000 sq. ft. GFA (\$550)
Limited Food Cart, Pre-Packaged (\$100) Limited Food Cart, Potentially Hazardous (\$150)

I hereby recognize that the City of the Colony is a Regulatory Authority approved by the Department of State Health Services and agree to abide by the City's Code of Ordinances relating to Food and Food Establishments. A RFSM is required to be on duty at all times during operation. I understand that any permit granted as a result of the application may be suspended or revoked for failure to comply with the City's Code of Ordinances affecting public health.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*All Health Permits expire December 31st of the current year