

City of Harlingen Health Department
502 E. Tyler
Harlingen, TX 78550
(956) 427-8812 Fax: (956) 430-8124

APPLICATION FOR HEALTH PERMIT

In compliance with the Food Service Sanitation Ordinance and/or other pertinent Ordinances of the City of Harlingen, I (we) hereby submit an application to the City of Harlingen Health Department for a Health Permit to be able to operate or engage in the operation, vocation, or business described below:

Type of Business: _____

Name of Business: _____

Address of Business: _____ Business Phone: _____

Name of Owner: _____

Home Address: _____ Home/Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Owner of Premise: _____

Address: _____ City: _____ State: _____

I UNDERSTAND THAT FAILURE TO COMPLY WITH ANY ORDINANCE OF THE CITY OF HARLINGEN AFFECTING PUBLIC HEALTH SHALL BE REASONABLE CAUSE FOR SUSPENSION AND/OR REVOCATION OF YOUR PERMIT.

Applicant Signature: _____ Date: _____

Office Use:

Approved: _____ Disapproved: _____ Date: _____

Reason for Disapproval: _____

file: Food Permit Application, 10-10-05, Excel