

SUBMIT TO HEALTH DEPARTMENT OFFI



City of Harlingen Health Department
502 E. Tyler
Harlingen, TX 78550
(956) 216-5220 Fax: (956) 216-5228



FOOD HANDLER PERMIT APPLICATION

PLEASE PRINT OR TYPE

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 Food Handler Permit to operate or engage in the operation, vocation, or business described below:

Business Name: Type of Business:

Business Address: Business Phone:

Name of Owner (Print):

Home Address: Home/Cell Phone:

City: State: Zip Code:

Owner of Premises/Structure (if different):

Address: City: State:

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

Applicant Signature: Date:

Print:

Health Inspector Use:
Liquor License Required: Y / N
FPM Required: Y / N
Smoking Premises: Y / N
Please circle one category: Restaurant, Retail, Bar, Childcare, Adultcare, Cafeteria, Bakery, Mobile, Tortilleria, Flea Market, Church, Hospital, Snow Cone, Snack Bar, Leagues, Hotel, Other:
Health Inspector: Date:
Office Use: Approved based on attached inspection report: Disapproved: Date:
Reason for Disapproval:
HEALTH INSPECTOR: PLEASE MAKE SURE THIS APPLICATION IS STAPLED TO THE INSPECTION REPORT. PAYMENT FOR NEW BUSINESS PERMITS WILL NOT BE PROCESSED WITHOUT THIS APPLICATION.

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