



**City of McAllen**  
**Health & Code Enforcement**  
**311 N. 15<sup>th</sup> Street McAllen, TX.78501**  
**Phone: 956-681-1900**  
**Fax: 956-681-1918**

**Application for**  
**“Food Establishment**  
**Permit”**

**BUSINESS APPLICANT**

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

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

Business Address: \_\_\_\_\_

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

*(If Different Than Business Address)*

Business Phone: (    ) \_\_\_\_\_ Alternative Phone: (    ) \_\_\_\_\_

Business Owner: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Email: \_\_\_\_\_ (optional)

**Category:**    Restaurant    Retail                      Subcategory: \_\_\_\_\_

**Type of Business:**

Individual    Partnership    Corporation    Franchise

**I’m applying for a Food Establishment Permit, which is required to operate my business. I understand and agree to comply with all City of McAllen Ordinances and other city and state laws that may govern my particular business. I understand that any violation of the above said restrictions could mean immediate revocation of the permit to operate.**

**X**

\_\_\_\_\_  
 Applicant's Signature

**OFFICE USE**

\_\_\_\_\_  
 Date Issued

\_\_\_\_\_  
 Inspector Signature

\_\_\_\_\_  
 Permit Fee

\_\_\_\_\_  
 Permit No.