



City of McAllen
Health & Code Enforcement
311 N. 15th 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.