CITY OF MURPHY

CITY OF MURPHY HEALTH DEPARTMENT
206 N. MURPHY RD. • MURPHY, TEXAS • 75094 • (972) 468 - 4040

FOOD SERVICE PERMIT APPLICATION

(TYPE OR PRINT *ALL* INFORMATION)

Please check one: ☐ New ☐ Renewal ☐ Change of Owner

DATE:_____

TYPE OF BUSINESS:_____
(RESTAURANT, CONVENIENCE / GROCERY STORE, MOBILE VENDOR, ETC.)

BUSINESS NAME:_____

MAILING ADDRESS:_____
(STREET NO. & NAME) (CITY, STATE) (ZIP CODE)

BUSINESS LOCATION ADDRESS:_____
(STREET NO. & NAME) (CITY, STATE) (ZIP CODE)

BUSINESS PHONE:_____

TOTAL NUMBER OF EMPLOYEES:_____ WILL YOU BE CATERING?:_____

IF FIRM, CORPORATION OR PARTNERSHIP, PLEASE LIST NAMES AND ADDRESS OF OFFICERS:

_____

_____

TOTAL SQUARE FOOTAGE OF FOOD SERVICE ESTABLISHMENT (INCLUDE ALL PREPARATION, STORAGE AND DINING AREA(S):_____

APPLICANT'S NAME:_____
(PLEASE PRINT CLEARLY)

APPLICANT'S SIGNATURE:_____

**********DO NOT WRITE BELOW THIS LINE**********

FEE: _____

APPROVED:_____

DENIED:_____

HEALTH OFFICIAL SIGNATURE:_____

COMMENTS:_____

_____

_____

NOTE: EXPIRATION OF HEALTH PERMIT WILL RESULT IN IMMEDIATE CLOSURE OF ESTABLISHMENT.