

# CITY OF CANTON

## HEALTH DEPARTMENT PERMIT APPLICATION

Please come by or mail application and appropriate fee to: City of Canton, Health Department Permits, 201 N. Buffalo, Canton, Texas 75103.

NAME OF ESTABLISHMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS (If Different): \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

OWNER/OPERATOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please mark appropriate type of establishment:

| <u>Type of Establishment</u>      | <u>Code</u> | <u>Annual Fee</u> |
|-----------------------------------|-------------|-------------------|
| _____ Restaurant (0-50 Seats)     | RT1         | \$150.00          |
| _____ Restaurant (over 50 Seats)  | RT2         | \$190.00          |
| _____ Convenience Store           | CS          | \$115.00          |
| _____ Grocery Market/Super Market | GM          | \$225.00          |
| _____ Bakery/Delicatessen         | BK          | \$ 75.00          |
| _____ Food Manufacturer           | FM          | \$115.00          |
| _____ Private Club                | PC          | \$190.00          |
| _____ Wholesale Grocery           | WG          | \$115.00          |
| _____ Nursing Home                | NH          | \$ 75.00          |
| _____ Day Care Center/Commercial  | DC          | \$ 75.00          |
| _____ Hotel Buffet                | HB          | \$ 75.00          |

The owner/operator understands that this permit will expire one year from the purchase date. The permit fee is \$\_\_\_\_\_ annually for each establishment. Permits are non-transferable.

Signed: \_\_\_\_\_

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

Position: \_\_\_\_\_

### OFFICE USE ONLY

|   |                                   |                                 |            |           |
|---|-----------------------------------|---------------------------------|------------|-----------|
| DATE REC'D: _____   | CASH _____                        | CK _____                        | CC _____   | BY: _____ |
| DATE INSPECTED: _____                                       | APPROVED <input type="checkbox"/> | DENIED <input type="checkbox"/> | BY: _____  |           |
| PERMIT ISSUED: YES <input type="checkbox"/>                 | NO <input type="checkbox"/>       | PERMIT # _____                  | BY: _____  |           |
| IF NO PERMIT,<br>REFUND ISSUED YES <input type="checkbox"/> | NO <input type="checkbox"/>       | DATE ISSUED: _____              | CK # _____ | BY: _____ |