



# FOOD ESTABLISHMENT PERMIT APPLICATION

**City of Anna**  
**Health Services**  
 120 W. 7th St  
 Anna, TX 75409  
 Main: 214.831.5333  
 Email: [healthsvcs@annatexas.gov](mailto:healthsvcs@annatexas.gov)

Permit # \_\_\_\_\_

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

This form MUST be completed before Health Permit(s) are issued. Once paid, the Health Permit placard will be issued to the email listed in the Applicant Box or can be picked up at our office.

**TYPE OF BUSINESS:**     Public School/ISD Cafeteria     Private School Cafeteria (\$100.00)

Restaurants (\$350.00)     Convenient Stores (\$350.00)     Daycare (\$250.00)     Foster (\$250.00)

Grocery Stores (\$500.00)     Temporary(\$150.00)     Pushcarts (\$150.00)

Food Trucks (\$250.00)     CITY/Special Events     OTHER \_\_\_\_\_

Stands/Booths (\$150.00)     Re-inspection Fee (\$100.00)     Late Fee on Renewals (\$100.00)

**BUSINESS NAME:** \_\_\_\_\_  
 (NAME OF ESTABLISHMENT LOCATED IN ANNA)

**STREET ADDRESS:** \_\_\_\_\_ SUITE #/ KIOSK # \_\_\_\_\_  
 (PHYSICAL LOCATION IN ANNA)

**CITY:** ANNA    **STATE:** TEXAS    **ZIP:** \_\_\_\_\_    **TELEPHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**\*\*INFORMATION IN THIS BOX WILL BE USED FOR MAILING AND FIRST POINT OF CONTACT**

**\*\*APPLICANT NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ SUITE #/ KIOSK # \_\_\_\_\_

**CITY:** \_\_\_\_\_    **STATE:** \_\_\_\_\_    **ZIP:** \_\_\_\_\_    **TELEPHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**OWNER (INDIVIDUAL OR CORPORATION):** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_    **CITY:** \_\_\_\_\_    **STATE:** \_\_\_\_\_    **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_    **EMAIL ADDRESS:** \_\_\_\_\_

All information in this application, is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable City ordinances or State laws. Permits are non-transferable and subject to late fee when received after expiration date.

\_\_\_\_\_  
**Applicant Name (printed)**                      **Signature**                      **Date**