



City of Weatherford-Consumer Health Dept.

303 Palo Pinto Weatherford, Texas 76086 Phone: 817-598-4149 Fax: 817-598-4007

FOOD PERMIT APPLICATION

Business Information:

Business Name _____ DBA _____

Address _____ Zip Code _____

Contact Name _____

Phone Number _____

Types of Food Served _____

Hours of Operation _____

Seating Availability (# of seats) _____

Are You a Certified Food Manager? _____

Property Owner Information:

Property Owner _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Billing Information:

Billing Contact _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Signature of Owner: _____	For Departmental Use Only
	Initial Inspection Date: _____
	Submittal Date: _____
	Accepted By: _____
	Total Fees: _____
	Payment Method: _____
	Permit #: _____