



City of Weatherford-Consumer Health Dept.

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

RETAIL GROCERY- PERMIT APPLICATION

Business Information:

Business Name _____ DBA _____
Address _____ Zip Code _____
Contact Name _____
Phone Number _____
Hours of Operation _____
What Percentage of Your Store is Retail Grocery? Less Than 25% _____ 25-100% _____

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 #: _____