



CEDAR HILL

Health Permit Application

Date: _____

Original Renewal

Name of Business: _____ Phone: _____

Address of Business: _____ City, State, Zip: _____

Owner of Business: _____ Number of Employees _____

Address of Owner: _____ City, State, Zip: _____

Owner's Phone: _____ DL#: _____ DOB: _____

8-301 Requirement 8-301.11 Prerequisite for Operation.

A PERSON may not operate a FOOD ESTABLISHMENT without a valid PERMIT to operate issued by the REGULATORY AUTHORITY.

8-302 Application Procedure 8-302.11 Submission 30 Calendar Days Before Proposed Opening.

An applicant shall submit an application for a PERMIT at least 30 calendar days before the date planned for opening a FOOD ESTABLISHMENT or the expiration date of the current PERMIT for an existing facility

Please check one:

\$200 Fee Mobile Food Vending Unit License Plate #: _____

Name of Operator: _____ DL#: _____

\$250 Fee Retail Store Convenience Store Grocery Store Assisted Living Hotel

\$300 Fee Restaurant/Food Establishment School Church

Billing/Mailing Address (if different from establishment address): _____

City, State, Zip: _____ Phone number: _____

Email **(REQUIRED-PLEASE PRINT)** _____

Signature of Manager/Operator

Printed name of Manager/Operator

City use only – Do Not Write below this line

Permit Fee Received: \$ _____ Form of Payment _____ Check # _____

Permit Number: _____ Date: _____

City of Cedar Hill – Code Enforcement - 285 Uptown Boulevard, Building 100 - Cedar Hill, TX 75104

Phone: 972-291-5100 Ext 1090 – Fax 972-291-7250

www.cedarhilltx.com