



**CITY OF ROSENBERG, TEXAS
HEALTH DEPARTMENT**

APPLICATION FOR PERMIT

(Please Print)

FOR OFFICE USE ONLY	
Permit No. Issued: _____	Date Received: _____ / _____ / _____
Effective Date: _____ / _____ / _____	Renewal/Ownership Change/New: _____
Expiration Date: _____ / _____ / _____	

Please note preferred mailing address by checking the appropriate box. All forms and permits will be sent to that address.

ESTABLISHMENT INFORMATION

Name of Establishment: _____

Location Address: _____ City: Rosenberg ST: TX Zip: 77471

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Telephone No.: (_____) _____

Type of Establishment: • Sole Proprietorship Corporation Partnership Association

OWNER OR CORPORATION INFORMATION

Owner Name: _____

Street Address: _____ City: _____ ST: _____ Zip: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Telephone No.: (_____) _____ Alternate: (_____) _____

Food Establishment or Retail Grocery No. of employees: _____ Fee \$ _____

No. of employees and Fee Schedule

01 - 04 \$200.00 26 - 50 \$500.00

05 - 09 \$300.00 51 -100 \$600.00

10 - 25 \$400.00 101 or more ... \$700.00

Child Care Center (\$200.00 per year) Fee \$ _____

Nursing Home (\$200.00 per year) Fee \$ _____

School Cafeteria (\$150.00 per year) Fee \$ _____

Non-Profit Organizations including Church Kitchens (\$50.00 per year) Fee \$ _____

School Concessions (\$50.00 each location per year) Fee \$ _____

Mobile Unit (\$200.00 per unit) No. of units _____ Fee \$ _____

Late Fee for Past Due Payment of Annual Permit Fee \$ _____

TOTAL DUE \$ _____

VERIFICATION: I SWEAR OR AFFIRM THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

APPLICANT'S OR REPRESENTATIVE'S SIGNATURE

INSTRUCTIONS TO APPLICANT: It is illegal to operate without a current permit. Permit is valid for one year from date of issuance. A permit is not transferable from owner to owner or from place to place. Return this application with payment prior to effective date of permit to Rosenberg City Hall, 2110 4th Street, P.O. Box 631, Rosenberg, Texas 77471. (832) 595-3550. Make check or money order payable to City of Rosenberg.