

Permit # _____

Date Issued _____

Date Mailed _____

Phone: (806) 378-9472

Fax: (806) 378-3585



Receipt # _____

Date Paid _____

Date Expires _____

TDD: (806)378-4229

ehealth@amarillo.gov

Amarillo Area Public Health District

Application for a Permit to Operate a Food Establishment

Name of Establishment: _____

Establishment Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Establishment Contact Information: Phone: _____ Email: _____

Name of Owner or Corporation: _____ Attention: _____

Owner's Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner's Contact: Phone: _____ Email: _____

Which best describes this application:

Change of Owner ☐

New Establishment ☐

Where does the Food Establishment permit need to be mailed?

Establishment ☐

Owner/Corporation ☐

Will any alcohol be sold or served?

Yes ☐

No ☐

Permit Type

Gross Food/Beverage Sales

FY Fees

<input type="checkbox"/> Tier 0	Farmers Market	
<input type="checkbox"/> Tier 0-NC	Child Care Centers, Non-Profits 501(c)	
<input type="checkbox"/> Tier 1	\$0 - \$49,999.99, Mobile Food Units, Schools, Roadside Vendors	
<input type="checkbox"/> Tier 2	\$50,000-\$149,999.99	
<input type="checkbox"/> Tier 3	\$150,000.00 +	

Associated Fees

FY Fees

<input type="checkbox"/>	Wastewater Pre-treatment Permit	
<input type="checkbox"/>	Temp. Event Endorsement	

Applicant's signature _____ Hours of operation _____

Mail Application and Permit Fee To
Environmental Health Department
PO Box 1971
Amarillo, TX 79105-1971

Physical Address
Environmental Health Department
808 S. Buchanan
Amarillo, TX 79101