

# Health Permit Checklist

- \_\_\_ Application
- \_\_\_ Sales Tax ID/ EIN #
- \_\_\_ Lease Agreement
- \_\_\_ Food to be sold (picture of menu)
- \_\_\_ Employees Information
  - Food Handler's Certificate (copy)
- \_\_\_ Grease Trap (copy)
- \_\_\_ Pest Control (copy)
- \_\_\_ Alcohol & Beverage
- \_\_\_ Fire Marsal Inspection

Temporary Permit, not to exceed 14 days \$55

Establishment employing 10 or employees or less \$150

Establishment employing 11 to 20 \$200

Establishment employing 21 or more \$250

Follow Inspection \$75.00

Penalty Fine ( Beginning the day after Expiration Date) \$100.00

Phone:956-272-2418

Email: [tmedina@cityofelsa.net](mailto:tmedina@cityofelsa.net) [kvaldez@cityofelsa.net](mailto:kvaldez@cityofelsa.net)



Alonzo "Al" Perez Jr., Mayor  
Victor Hernandez, Mayor Pro-Tem  
Carlos "Cory" Sanchez, Councilman Pl. 1  
Fernando Rosa, Councilman Pl. 3  
Frances S. Rocha, Councilwoman Pl. 4  
Juan Jose "JJ" Ybarra, City Manager

## **HEALTH PERMIT APPLICATION**

City of Elsa Health Department  
102 S. Diana, Elsa, TX 78543  
Phone 956-262-2127 Ext #3  
Email: [tmedina@cityofelsa.net](mailto:tmedina@cityofelsa.net) [kvaldez@cityofelsa.net](mailto:kvaldez@cityofelsa.net)

Today's Date \_\_\_\_\_

TEXAS SALES TAX ID: \_\_\_\_\_ (Submit Copy)

New \_\_\_\_\_ Renewal \_\_\_\_\_ Change of Owner \_\_\_\_\_

Name of Facility: \_\_\_\_\_ (Attach Lease Agreement) SQ FT \_\_\_\_\_

Phone: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Does the Business do Catering? Yes or No

Owner's Name or Corporation: \_\_\_\_\_

Owners or Corporation Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Former Name of Facility (if applicable): \_\_\_\_\_

Normal Working Hours and Days Open for Business: \_\_\_\_\_

Number of Employees:            Less than 10            or            11 or more

Signature of Owner: \_\_\_\_\_

Print Name of Above Signature: \_\_\_\_\_

**(Attach menu or food products to be sold or handling)**

### **Employee Information**

Must submit: Food Handlers Certificate and ID for each employee

Employee name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Employee name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Employee name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Employee name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Employee name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Employee name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Employee name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

P.O. BOX 427 ELSA, TEXAS 78543 • PHONE (956) 262-2127 • FAX (956) 262-5002

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