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 956-262-2741

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 $50 / Once every 6 months

Phone:956-272-2418
Email: tmedina@cityofelsa.net kvaldez@cityofelsa.net

Alonzo "Al" Perez Jr., Mayor
Victor Hernandez, Mayor Pro-Tem
Carlos "Cory" Sanchez, Councilman Pl. 1
Ricardo Sanchez, 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 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: _____

The City of Elsa is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

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OFFICE USE ONLY

Date Issued: _____ Amount Paid: _____

Expiration Date: _____ Cash or Check #: _____

Permit Number: _____

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