

HEALTH PERMIT APPLICATION

CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT
1702 Home Rd. (78416) P.O. Box 9727 (78469)
Office: (361) 826-7273
Attn: Environmental Health Division

No 001942

Establishment: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

BILLING INFORMATION

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner / Manager: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Health Permit No.: _____ District: _____ Census Tract: _____ Type: _____

Current C of O: Yes [] No [] Annual Fee: \$ _____ Pro-Rated Fee: \$ _____

Permitted Manager: _____ Permit No.: _____

Permitted Manager: _____ Permit No.: _____

In making an application for a HEALTH PERMIT which is necessary to operate my business, I understand and agree to comply with all City Health Ordinances, other City Ordinances and State laws that may govern the conduct or operation of my business.

Signature of Owner / Manager: _____ Date: _____

Issued By: _____ Date: _____

FEE MUST BE PAID BEFORE PERMIT ISSUED: (Make Check Payable to: City of Corpus Christi)

Note: Type of Establishment

- A. Restaurants
B. Bars & Clubs
I. Institutional: Hospitals, Schools, Jails (private)
J. Daycares - Foster Homes
K. Mobile Units
L. Pools / Spas
M. Frozen Desserts
N. Temporary Food Establishments
O. Taxing Authority / Public Schools, Hospitals, Jails
P. County
Q. Convenience Stores
R. Grocery Stores - Supermarkets

- 1. 101+ employees \$780.00
2. 51-100 employees \$630.00
3. 26-50 employees \$480.00
4. 10-25 employees \$330.00
5. 1-9 employees \$205.00
6. Mobile Units \$100.00
7. Daycare / Foster Homes \$50.00
8. Frozen Desserts \$100.00
9. Temporary Event - 1st Day \$35.00
Each Additional Day \$15.00
Late Fee (not received 5 days prior) \$70.00

FOR OFFICE USE ONLY

Rev'd by _____

Date _____

Cash [] Credit Card []

Check# _____

Amount Remitted _____

TEMPORARY EVENTS ONLY

Event: _____ Date(s): _____ Time: _____