NUECES COUNTY HEALTH PERMIT APPLICATION

CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT
1702 Horne Rd. (78416) P.O. Box 9727 (78469)
Office: (361) 826-7223 or (361) 826-7273
Attn: Environmental Health Division

№ 01032

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: Nueces County)**

Note: Type of Establishment

A. 50+ Employees.....$300.00
B. 26-49 Employees.....$285.00
C. 19-25 Employees.....$225.00
D. 9-18 Employees.....$170.00
E. 4-8 Employees.....$140.00
F. Less than 4 employees.....$85.00
G. Retail Food Stores.....$85.00
K. Mobile Units.....$85.00
M. Frozen Desserts.....$70.00
N. Temporary Food Service Establishments.....$35.00
P. Taxing Authority.....$0.00

FOR OFFICE USE ONLY

Rcv'd by _____
Date _____
Cash ☐ Credit Card ☐
Check# _____
Amount Remitted

TEMPORARY EVENTS ONLY
Event: _____ Date(s): _____ Time: _____