

Andrews County Health Department
208 NW 2nd Street
Andrews, Texas 79714 432-524-1434

PLEASE CHECK ONE: Annual Renewal Application for Permit

INSTRUCTION: Please complete the below application. You must submit a permit application for each establishment. Print or type the requested information. Submit this application (by mail or in person) with the appropriate fee to Andrews County Health Department.

ESTABLISHMENT NAME: _____

ESTABLISHMENT STREET ADDRESS: _____

BUSINESS PHONE: _____ HOURS OF OPERATION: _____

BUSINESS OWNER (Not Manager): _____

OWNER'S MAILING ADDRESS: _____
 Street or P.O. Box City Zip

OWNER'S PHONE: _____
 (Not Business Phone)

OWNER E-MAIL ADDRESS: _____
 (For contact related to changes or updates)

MANAGER'S NAME: _____

MANAGER'S E-MAIL ADDRESS: _____
 (For contact related to changes or updates)

TYPE OF ESTABLISHMENT _____
(Restaurant, Lounge, Retail Food Store, Commissary Food Processing, Food Warehouse, Mobile Vendor)

IS YOUR ESTABLISHMENT LOCATED IN THE CITY LIMITS? Yes No

This applicant hereby acknowledges an understanding of the provisions of the payments of fees for the Health Permit, expiration date of the permit, renewal requirements, permit suspension, and review of plans for new construction, remodeling, or conversions.

SIGNATURE OF APPLICANT

OFFICE USE ONLY
Receipt Number _____ Date _____ Permit Issued _____ Establishment Number _____