APPLICATION
FOR FOOD ESTABLISHMENT PERMIT
City of Longview – Environmental Health Division
410 S. High St.
Mailing: P.O. Box 1952, Longview, TX. 75606
903 237-1285 Fax 903 237-1289

Establishment Name_____ **Phone**_____

Establishment Address_____

Number of employees _____

Owner_____ _____

Manager_____

Emergency Contact Number_____ _____

Billing Address _____ _____
City **State** **Zip Code**

I attest that the information provided above is true and accurate. I agree to comply with the City of Longview Health Code and understand that failure to do so may result in revocation or suspension of the permit. I understand that the permit will lapse if the annual permit fee is not paid prior to January 1 of each year, and that a penalty of 50% of the annual fee must be paid. I understand that this permit is granted to the above listed owner(s) at the above listed location for the type of food service listed above. I further understand that this permit is not transferable and that these fees are non-refundable.

_____ _____
Signature Date

_____ _____
Driverôs License Number State

City of Longview Use Only

Approved by_____ Date _____/_____/_____

Establishment Type_____ Permit #_____

Assigned to_____ Frequency _____Xôs_____

Amount Paid_____ ___ Date _____/_____/_____

Check/MO #_____ DL#_____

Visa/M/C Credit Card_____

Application Fee $ 200.00

Annual Permit Fee
(Pro-rated) $

Training Fee $

Total Amount Due $

Received by_____

Exp. Date _____/_____