



212 Main Street · Lake Dallas, Texas 75065 · (940) 497-2226 · (940) 497-4485 Fax  
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### Health Permit

New health permit    Annual health renewal    Business owner change    Temporary    Seasonal

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business mailing address if different: \_\_\_\_\_

Name of business contact: \_\_\_\_\_ Title: \_\_\_\_\_

Primary phone contact: \_\_\_\_\_ Secondary phone contact: \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

Hours of operation: \_\_\_\_\_ After hours contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of property owner: \_\_\_\_\_

Address of property owner: \_\_\_\_\_

**All food establishments are required to have grease traps and shall be one hundred percent (100%) pumped out at least once every one hundred twenty (120) days and at all other times as necessary to maintain their effectiveness.**

I attest that the information provided above is true and accurate. I agree to comply with the City of Lake Dallas rules and regulations and understand that failure to do so may result in revocation or suspension of the permit. Annual permit renewals must be applied for and fee paid no later than December 31<sup>st</sup> of each calendar year for food establishments. This permit is not transferable and the permit fees are non-refundable.

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Print Applicant Name    Applicant Signature    Title    Date

**Permit Fee Schedule:**

Annual Health Permit	\$175.00	_____
Annual Health Permit Renewal after January 1st	\$225.00	_____
Seasonal Health Permit	\$75.00	_____
Temporary Health Permit	\$15 p/day	_____
Plan Review (new food establishments)	\$100.00	_____
Plan Review (previously occupied food establishments)	\$75.00	_____
Re-inspection Fee/Or Complaint Initiated Inspection Fee	\$75.00	_____
	Total	_____

Permit Approved: \_\_\_\_\_ Permit Denied: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Community Development: \_\_\_\_\_ Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_