



**City of Beaumont Public Health Department
Environmental Health Division
950 Washington Boulevard, Beaumont, Texas 77705
phone: (409) 832-7463, fax: (409) 212-9589**

FOOD ESTABLISHMENT PERMIT APPLICATION

Name of Establishment: _____

Address of Establishment: _____
City / State / Zip Code

Owner-s Name : _____

Owner-s Address: _____
City / State / Zip Code

Business Phone: _____ Owner-s Home Phone Number: _____

Mailing Address: _____
City / State / Zip Code

Type of Permit Requested (Check One):

1. _____ FOOD ESTABLISHMENT

Type of Business: _____ (e.g. Bakery, Restaurant, Day Care, etc)

2. _____ BEVERAGE HANDLER

FEE: CHECK APPROPRIATE FEE BELOW

Number of Stools or Chairs	Cost	Check One		Number of Stools or Chairs	Cost	Check One
0 – 10	\$ 192.50			101 – 150	\$ 258.50	
11 – 20	\$ 203.50			151 – 200	\$ 269.50	
21 – 30	\$ 214.50			Over 200	\$ 280.50	
31 – 50	\$ 225.50			Schools	\$ 55.00	
51 – 75	\$ 236.50			Seasonal	\$ 82.50	
76 – 100	\$ 247.50					

Federal Tax Exempt Number (if applicable): _____

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:	
DATE ISSUED: ____/____/____	PERMIT NUMBER: _____
EXPIRATION DATE: ____/____/____	CHECK NUMBER: _____
ISSUED BY: _____	