



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

SEAFOOD LICENSE 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)

_____ Fish Wholesaler's License \$ 44.00

_____ Fish Retailer's License \$ 22.00

Signature of Applicant: _____ Date: _____

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