



Health Permit Application / Requirements

All food establishments within The City limits MUST have a valid Health Permit.

These permits are issued by the Health Department each fiscal year. (July 01, through June 30 of the following year.)

Please fill out the attached application clearly and completely, and submit it to the Health Division of Development Services, located in the Planning / Inspections / Permits building next to City Hall.

A Health Department staff member will review your application and someone will contact you with instructions for paying for your permit and scheduling inspections.

There are 2 distinct inspections that must be performed. The first is a required Pre-opening Inspection to be completed during the end of construction to verify all equipment and fixtures are installed and operable as shown on the approved plans. This inspection fee is \$100.00, to be paid for in advance.

During the second inspection the health Inspector will make sure the establishment is meeting the Texas Food Establishment Rules. When the Health Final inspection is approved, The Permit Fee is paid and the Health Permit will be issued.

The fee schedule is attached. Fees will be prorated based on the number of months the business is operational during the fiscal year. (July 01, through June 30 of the following year.)

Health Permits are not transferable. If there is a change in the name of the establishment, or a change in ownership, please contact our office right away to secure a new permit. The new permit is subject to all inspection fees and permit fees.

Operating without a valid Health Permit issued by The City will result in closure and possible court citations.



Health Permit Application

Business Name: _____

Business Address: _____

Business Phone #: _____ Alternate: _____

Owner's Name _____

Owner's Mailing Address: _____

Owner's Phone #: _____ Alternate: _____

Email: _____

Corporation: _____

Corporation address: _____

Phone # _____ Alternate: _____

Building Owner: _____

Phone #: _____ Alternate: _____

Address: _____



Type of Business

Please check all that apply:		
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Full Service	<input type="checkbox"/> Fast Food
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Deli
<input type="checkbox"/> Meat/Poultry	<input type="checkbox"/> Seafood	<input type="checkbox"/> Produce
<input type="checkbox"/> Caterer	<input type="checkbox"/> Child Daycare-no food prep	<input type="checkbox"/> Child Daycare
<input type="checkbox"/> Bar	<input type="checkbox"/> Adult Daycare-no food prep	<input type="checkbox"/> Adult Daycare
<input type="checkbox"/> School-Elementary	<input type="checkbox"/> School-other	<input type="checkbox"/> Commissary
<input type="checkbox"/> Hospital	<input type="checkbox"/> Long Term Care/Assisted Living	<input type="checkbox"/> Mobile Unit
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Other (Please specify):	

Specific Type if not stated above: _____

Name of Certified Food Manager: _____

Phone #: _____ Alternate: _____

Number of employees, including all shifts: _____

List two emergency contacts, other than yourself:

1. _____ Phone #: _____

2. _____ Phone #: _____



CITY USE ONLY

Health Department Staff Comments _____

Health Department Authorization to Schedule Pre-opening Inspection

Authorized By: _____ **Date:** _____

Pre-opening Inspection: \$100.00

Permit # _____ **Receipt#** _____

Date Received: _____ **Received by:** _____

Health Department Authorization to issue Health Permit

Authorized By: _____ **Date:** _____

Permit Fee: _____ (May be prorated)

Permit# _____ **CID** _____ **Receipt #** _____

Date Received: _____ **Received by:** _____



**City of Missouri City
Food Establishment Permit Fees**

1 to 4 employees.....	\$200.00
5 to 9 employees.....	\$300.00
10 to 25 employees.....	\$400.00
26 to 50 employees.....	\$500.00
51 to 100 employees.....	\$600.00
101 or more employees.....	\$700.00
Mobile Vending Units..... (1 inspection per year)	\$200.00
Day Care Centers with kitchens..... (2 inspections per year)	\$100.00
Day Care Centers without kitchens..... (2 inspections per year)	\$75.00
Non-profit Establishments (Must provide proof of 501C3 Status)	\$50.00
Pre-opening Health Inspections.....	\$100.00
Owner Initiated Inspection (Re-Score)..... (Only one re-score inspection is allowed in a 12 month period)	\$100.00
Health Re-inspection Fees: First Re-inspection.....	\$50.00
Second Re-inspection.....	\$100.00
Third Re-inspection.....	\$150.00
Subsequent Re-inspections will increase by \$50.00	