



City of Beaumont Public Health Department
Environmental Health Division
3040 College, Beaumont, Texas 77701
phone: (409) 832-7463, fax: (409) 212-9589

FRUIT AND VEGETABLE WHOLESALERS 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: _____

Number of Establishments to be Maintained and Operated: _____

Location of Establishment(s): _____

Method of Distribution to be Used: _____

FEE: \$ 55.00

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

DATE ISSUED: ____/____/____

PERMIT NUMBER: _____

EXPIRATION DATE: ____/____/____

CHECK NUMBER: _____

ISSUED BY: _____