



**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: _____