



**City of Beaumont Public Health Department  
Environmental Health Division  
3040 College Street, Beaumont, Texas 77701  
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: \_\_\_\_\_

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