



Food Establishment Renewal

Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Site No. _____

Date Received _____

For Office Use Only

To Whom it may concern,

It is time for your annual permit renewal. In addition to sending in your payment with one of the enclosed invoices, we ask that you take a few moments to fill out the following information in order to update our records. You may feel that this information is repetitive and that we already have it, but it is extremely helpful for us to regather this information to make sure our system is current and there are no typos with incorrect contact information. We are having increasing difficulties getting ahold of several establishments and establishment owners and this is an attempt to remedy that situation. Please fill out the information below and send it in with your payment and invoice:

Name of Establishment: _____ Establishment Phone: (____) _____

Establishment Address: _____ City/State/Zip: _____

Name and E-Mail (inspections sent to): _____

Name and E-Mail (inspections sent to): _____

Name and E-Mail (inspections sent to): _____

Owner's Name: _____ Owner's Phone: (____) _____

Owner's Address: _____ City/State/Zip: _____

Billing Name: _____ Billing Phone: (____) _____

Billing Address: _____ City/State/Zip: _____

Emergency Contact Person: _____ Phone: (____) _____

Establishment Description: For Profit Non-Profit (Tax Exempt Number _____)

Please check the appropriate box/boxes that best describes your establishment:

SPECIALIZED PROCESSES		
<input type="checkbox"/> Have a HACCP Plan or may need one	<input type="checkbox"/> Curing Food	<input type="checkbox"/> Reduced Oxygen Packaging
<input type="checkbox"/> This Establishment Packages Juice	<input type="checkbox"/> Fermenting Food	<input type="checkbox"/> Cook Chill/Sous Vide
<input type="checkbox"/> This Establishment Packages Food (including ice) for Customer Self-Service	<input type="checkbox"/> Custom processing animals for personal use such as deer	<input type="checkbox"/> Smoking Food as a method of preservation/not refrigerated
<input type="checkbox"/> Using Additives such as vinegar as a method of preservation (ex: sushi rice)	<input type="checkbox"/> Molluscan shellfish life-support system for human consumption	<input type="checkbox"/> Sprouting seeds/beans such as wheat grass and alfalfa sprouts
<input type="checkbox"/> Serves a highly susceptible population (immunocompromised, preschool aged children, and/or elderly adults)		
<input type="checkbox"/> Have a variance (specify): _____		

I (we) apply for a permit renewal to operate a food establishment and by this renewal do agree to comply with the rules and regulations set forth by the Wichita Falls-Wichita County Public Health District. I (we) understand that any falsifications or omissions as to the material fact or any violation of any law by designees or myself will constitute grounds for revocation or suspension of this permit by the Health District.

Applicant Print Name

Applicant Signature

Date