## CAMERON COUNTY DEPARTMENT OF HEALTH and HUMAN SERVICES ENVIRONMENTAL HEALTH PROGRAM 1390 W. EXPRESSWAY 83, SAN BENITO, TX 78586

PH #: (956) 247-3599 FAX #: (956) 361-8262

## APPLICATION FOR HEALTH PERMIT

In compliance with Order Requiring Food Service Establishments, Retail Food Stores and Mobile Food Vending Units to have a Permit in order to operate, Texas Health and Safety Code Chapter 437 and/or other pertinent Orders of Cameron County, I hereby occupation, vocation, or business described below:

Type of Permit: [ ] E & D Est. [ ] Great G	ocery [ ] Day Care [ ] Tortilleria [ ] Temp	. (1 day)
[ ] Temp. (14 day) [ ] Ball Nature of Business or occupation: (What would be sold:	kery [ ] Meat Mkt. [ ] Seafood Mkt. [ ]Oth	ner:
What would be sold.	.,	
[ ]Profit [ ]Non-Profit (must provide prop	per documentation)	
Name of Business/Organization:	Business/Organization location: (Address, City & Zip Code)	Business Phone #: (956)
Owner of Business/Head of Organization:	Partner: (If partnership, please list Name &	& address of Partner):
Address, City & Zip Code:	Address, City & Zip Code:	
Phone #: (956)	Phone #: (956)	
Home: Cell:	Home:	Call
Owner of Premises:	Tione.	Cell:
Address, City & Zip Code:		
Phone #: <b>(956)</b>		
Home: Cell-		
Home: Cell:		
Home: Cell:		
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