



Food Establishment Permit Application

Application Date: _____

Health Compliance Department
 410 N. Tennessee St | McKinney, TX 75070
 P: 972-547-7440 | F: 972-547-2606
HealthInfo@McKinneyTexas.org

- Form **MUST** be completed before Health Permit(s) are issued.
- Failure to update contacts, emails and phone numbers as they change could result in additional fees and delay of permit.

Site Information

Name of Business:	Address:	Suite:
Manager:	Office #:	Cell #:
Driver's License #:	Email:	
Business Owner:	Office #:	Cell #:
Address (including City/State/Zip):	Email:	

Select all that apply: Renewal Name Change Change of Ownership

Type of Food Establishment

Concession	\$100.00	Restaurant	\$300.00
Convenience	\$250.00	To Go / Fast Food	\$250.00
Daycare / Preschool	\$300.00	Trades Day	\$200.00
Farmer's Market	\$100.00	AISD	
Grocery	\$400.00	FISD	
Mobile Food Unit	\$150.00	PISD	
Non-Potentially HS	\$50.00	MISD	

Certified Food Protection Manager Information

Food Protection Manager Name:	Office #:	Cell #:
Address (including City/State/Zip):	Email:	

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF THIS PERMIT AND THE ISSUANCE OF MUNICIPAL CITATIONS. ANY CHANGES WILL BE PROMPTLY FORWARDED TO THE HEALTH COMPLIANCE DIVISION.

Applicant Name (Printed)	Applicant Signature
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Contact Phone	Driver's License #
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Applicant is: Business Owner Manager Other: _____