



HEALTH DEPARTMENT  
County Of Hidalgo

**Food Service/Eating and Drinking  
Establishment Permit Application**

**Application is hereby made for a permit to operate a Food Service Facility/Eating and  
Drinking Establishment in Hidalgo County.**

New \_\_\_\_\_ Renewal \_\_\_\_\_ Change Of Owner \_\_\_\_\_ Today's Date \_\_\_\_\_

Name Of Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address of Facility: \_\_\_\_\_  
\_\_\_\_\_

Does the Business do Catering? Yes\_\_ No\_\_

Owner or Corporation Name: \_\_\_\_\_  
Owner of Corporation Address: \_\_\_\_\_

Former Name Of Facility (if applicable): \_\_\_\_\_

Normal Working Hours and Days Open for Business: \_\_\_\_\_

Water: Public\_\_ Well\_\_

Sewerage: Public\_\_ Septic Tank System\_\_  
(\*Note: If on Septic Tank System, It needs to be approved before Operation of Business.)

Signature of Owner: \_\_\_\_\_

Printed Name Of Above Signature: \_\_\_\_\_

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**OFFICE USE ONLY**

Receipt Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expired: \_\_\_\_\_

Permit Number: \_\_\_\_\_