

Sweetwater-Nolan County Health Department
301 E. 12th St. / P.O. Box 458
Sweetwater, Texas 79556
(325) 235-5463
fax: (325) 236-6856

Food Service Permit Application

Application is hereby made to permit a Food Service Establishment with Nolan County in accordance with ordinances of said county.

It is hereby stipulated and agreed by the undersigned, that a permit fee of \$15.00 payable to the Sweetwater-Nolan County Health Department shall accompany the application.

In consideration of the issuance of such permit, the applicant understands that said permit can be suspended or revoked for noncompliance of County ordinances. Permit shall not be transferable from person to person or from one location to another location.

Name of Establishment: _____

Address: _____ Phone: _____

Name of Owner: _____

Address of Owner: _____

Manager: _____

Type of Establishment: _____
(ex: restaurant, retail, temporary)

Date Inspection desired _____ Date of opening _____

PERMIT NUMBER _____	SUSPENDED ___ REVOKED ___
DATE ISSUED: _____	DATE: _____