

Midland Health Department Environmental Health Permit Application

A permit application must be submitted for each establishment. **An incomplete form will not be processed.** Failure to secure a permit before due date of the current year will result in a penalty of 25% of the applicable permit fee plus the amount otherwise due for the permit.

Instructions:

This section of this application concerns the **facility owner**. The numbered instructions correspond to the numbered fields (sections) of the form starting on the next page.

- 1) Check the box that best indicates the reason you are applying for a permit
- 2) Write in today's date
- 3) Write one of the following: the name of the sole owner, the business name of the partnership or the names of the corporation's officers starting with the President/CEO.
- 4) DBA is an abbreviation for 'Doing Business As'. Write the name of the Owner's business. It is not necessarily the same name as the regulated facility.
- 5) Write the address where the **primary owner** conducts business. This should be the primary owner's business office (which could be the permitted facility, a home, a separate office or the corporate mail or local district offices as appropriate). The Type field is for entering Ave., St., Blvd., etc. The Unit field is for entering the Apt.#, Suite#, etc. If necessary, write a 2nd address that further specifies the location of the owner. For example, Building A — Fourth Floor. (It is not necessary to provide detailed directions to the location.)
- 6) If you want Environmental Health to be able to contact the primary owner at home, write the primary owner's home phone number. Also, write the phone number where the primary owner can be reached during normal business hours.
- 7) Enter the primary owner's Driver's License number.
- 8) Use your company **Tax ID**.
- 9) Specify the mailing address of the **owner**. Also, if this correspondence should be directed to an individual other than the primary owner, write the name in the "Care of" field.
- 10) Check the box that best indicates the type of legal ownership.
- 11) Indicate whether the owner owns just the business or the property as well.



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Phone 432.681.7613

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Facility Owner Information

Please Print

(1) Transaction Type: Permit Renewal New/Remodeled Facility Reclassification

(2) Today's Date ____/____/____

(3) Primary Owner Name _____

(4) DBA _____

(5) Primary Owner's Physical Address Information

Street Number	Pre-Direction	Street Name	Street Type
_____	_____	_____	_____
Post Direction _____			
2 nd Address _____			
City _____		State _____	Zip _____ - _____
Country _____			

(6) Phone _____ - _____ - _____ Ext _____ Alternate Phone _____ - _____ - _____ Ext _____

(7) Driver License Number _____

(8) Tax ID _____

(9) Primary Owner's Mailing Address Information

Check here if the Owner Mailing Address is the same as the Owner's Physical Address and then specify only that which differ between the two.

Care of _____

Postal Address _____

Postal Address 2 _____

City _____ State _____ Zip _____ - _____

Country _____

(10) Business Type: Sole Owner Partnership Corporation County Agency Federal Agency Home Owner Association
 Local Agency State Agency Limited Liability Company

(11) Owner Type: Property Owner Business Owner

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Owner ID _____

Business Code _____

Nature of Business _____

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Facility Data Entry Form Instructions

This section of this application concerns the **regulated facility's** name and address. The numbered instructions correspond to the numbered fields (sections) of the form starting on the next page.

- (1) Write the name of the facility. For example, specify the name of the restaurant, market, etc.
- (2) Write the address where the facility is located. The Type field is for entering Ave., St., Blvd., etc. The Unit field is for entering the apt.#, suite#, etc. If necessary, write a 2nd address which further specifies the location of the owner. For example, Building A — Fourth Floor. (It is not necessary to provide detailed directions to the location.)
- (3) Specify the mailing address of the facility. Also, if this correspondence or billing should be directed to a certain individual, write the name in the "Care of" field.
- (4) Write the hours of operation for the facility. Specify the days of the week and hours in each day. For example, specify "Mon-Sat, 9-7".
- (5) Specify the number of employees.
- (6) Indicate the sewage disposal method.
- (7) Indicate the water source.
- (8) Indicate the garbage disposal method.
- (9) Indicate the business legal entity type.
- (10) Specify the name and address of the person or entity responsible for payment of the Annual Permit Fee.

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Facility Information

(1) Facility Name _____

(2) Facility Site Address Information

Check this box if the Facility Site Address is the same as Primary Owner's Address and then specify only those that differ between the two.

Mail to Care of Name _____

Street Number	Pre-Direction	Street Name	Street Type
_____	_____	_____	_____

2nd Address Line _____

City _____ State _____ Zip _____ - _____

Phone _____ - _____ - _____ Ext _____

Alt. Phone _____ - _____ - _____ Ext _____

Fax Phone _____ - _____ - _____

(3) FACILITY Mailing Address Information

Check here if the Facility Mailing Address is the same as the Primary Owner's Mailing Address and then specify only that which differ between the two.

Check here if the Facility Mailing Address is the same as the Facility's Site Address and then specify only that which differ between the two.

Care of _____

Postal Address _____

2nd Line _____

City _____ State _____ Zip _____ - _____

Email address _____

(4) Operating Days _____ Operating Hours _____

(5) Number of Employees _____

(6) Standard OSSF Aerobic OSSF Public Sewer System

(7) Private Well Public Water System

(8) Private Garbage Service Public Garbage Service

(9) Business Code: Sole Owner Partnership Corporation County Agency Federal Agency Home Owner Association
 Local Agency State Agency Limited Liability Company

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(10) FACILITY Annual Permit Fee Billing Address Information

Send Bills to: Owner's Mailing Address Facility's Mailing Address Third Party (Write Below)

Account Payers Name _____

Mail to Care of Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____ - _____

Country _____

Phone 1 _____ - _____ - _____ Ext _____

Phone 2 _____ - _____ - _____ Ext _____

Fax _____ - _____ - _____ Ext _____

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Facility ID _____

District Code _____ Location Code _____ City Code _____

Business Type _____

Nature of Business _____

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This section of this application concerns the programs regulated at the facility.

Regulated Program Types and Annual Permit Fees

This section of the application concerns each of the programs regulated at the facility. Complete a section for each of the programs that you selected in the checklist above. **If you have more than two regulated programs at your facility, copy this page before specifying the information.**

NOTE: If your facility is regulated for two or more of the same programs, for example, there are two bakeries at your facility, specify the 'Program Identifier' for each. For example, specify 'Main Bakery' for the first regulated program and 'Cookie Bakery' for the second regulated program.

Regulated Program #1

Program Identifier _____

Send correspondence, recall notices, etc., to: Owner Address Facility Address

Emergency Contact Information

Manager's Name _____

Title _____

Day Phone _____ - _____ - _____ Ext _____

Night Phone _____ - _____ - _____ Ext _____

Office Use Only: Next Billing Date: ____/____/____

Regulated Program #2

Program Identifier _____

Send correspondence, recall notices, etc., to: Owner Address Facility Address

Emergency Contact Information

Manager's Name _____

Title _____

Day Phone _____ - _____ - _____ Ext _____

Night Phone _____ - _____ - _____ Ext _____

Office Use Only: Next Billing Date: ____/____/____

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Regulated Program Types and Annual Permit Fees

Check ALL of the appropriate boxes to indicate what your facility does.

- | | | |
|--|-------------|---------------------|
| <input type="checkbox"/> Food Service Establishment (Restaurant, or On-Premises Consumption) | | |
| <input type="checkbox"/> Retail Food Store (Grocery/ Convenience Stores or Off-Premises consumption) | | |
| <input type="checkbox"/> Warehouse Distributors | | |
| <input type="checkbox"/> 1 to 5 Employees | | <u>\$100</u> |
| <input type="checkbox"/> 6 to 10 Employees | | <u>\$150</u> |
| <input type="checkbox"/> 11 or More Employees | | <u>\$175</u> |
| <u>Grocery/ Convenience stores</u> add addition fee of \$25.00 each if you have: | | |
| <input type="checkbox"/> Deli | # of: _____ | <u>\$25</u> |
| <input type="checkbox"/> Bakery | # of: _____ | <u>\$25</u> |
| <input type="checkbox"/> Meat Market | # of: _____ | <u>\$25</u> |
| <input type="checkbox"/> MOBILE FOOD VENDOR | | <u>\$100</u> |
| <input type="checkbox"/> SEASONAL (April1-September 30) | | <u>\$60</u> |
| <input type="checkbox"/> TEMPORARY PERMIT (14 days or less-Fairs, Carnivals, Circus, Public Exhibits) | | <u>\$40</u> |
| <input type="checkbox"/> DAY CARE FACILITY | | <u>\$60</u> |
| <input type="checkbox"/> FOSTER CARE FACILITY | | <u>\$30</u> |
| <input type="checkbox"/> AFTER SCHOOL CHILD CARE PROGRAM | | <u>\$20</u> |
| <input type="checkbox"/> PER SWIMMING POOL | # of: _____ | <u>\$75</u> |
| <input type="checkbox"/> PER SPA | # of: _____ | <u>\$75</u> |

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Program 1 Record ID _____

Designated Employee _____ Program Element Number _____ Number of Units _____

Current Status _____ Inspection Code _____

Program 2 Record ID _____

Designated Employee _____ Program Element Number _____ Number of Units _____

Current Status _____ Inspection Code _____

Program 3 Record ID _____

Designated Employee _____ Program Element Number _____ Number of Units _____

Current Status _____ Inspection Code _____

Program 4 Record ID _____

Designated Employee _____ Program Element Number _____ Number of Units _____

Current Status _____ Inspection Code _____