

CITY OF CANTON HEALTH DEPARTMENT PERMIT APPLICATION

Please fill out and mail application and appropriate fee to: City of Canton, Health Department Permits, P. O. Box 245, Canton, Texas 75103. Approved permits will be returned by mail.

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

MAILING ADDRESS (If Different): _____

CITY/STATE/ZIP: _____

MANAGER'S NAME: _____

OWNER/OPERATOR'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

Please mark appropriate type of establishment:

Type of Establishment	Code	Annual Fee
_____ Restaurant (0-50 Seats)	RT1	\$150.00
_____ Restaurant (over 50 Seats)	RT2	\$190.00
_____ Convenience Store	CS	\$115.00
_____ Grocery Market/Super Market	GM	\$225.00
_____ Bakery/Delicatessen	BK	\$ 75.00
_____ Food Manufacturer	FM	\$115.00
_____ Lounge/Tavern	LN	\$190.00
_____ Wholesale Grocery	WG	\$115.00
_____ Nursing Home	NH	\$ 75.00
_____ Day Care Center/Commercial	DC	\$ 75.00
_____ Hotel Buffet	HB	\$ 75.00

The owner/operator understands that this permit will expire one year from the purchase date. The permit fee is \$_____ annually for each establishment. Permits are non-transferable.

Signed: _____ Date: _____

Position: _____

OFFICE USE ONLY

DATE REC'D: _____	CASH _____	CK _____	CC _____	BY: _____
DATE INSPECTED: _____	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	BY: _____	
PERMIT ISSUED: YES <input type="checkbox"/>	NO <input type="checkbox"/>	PERMIT # _____	BY: _____	
IF NO PERMIT, REFUND ISSUED YES <input type="checkbox"/>	NO <input type="checkbox"/>	DATE ISSUED: _____	CK # _____	BY: _____