



**City of Hereford**  
 P.O. Box 2277  
 Hereford, Texas 79045  
 806-363-7103

**Application for Food Establishment Permit**

|                    |       |                   |       |
|--------------------|-------|-------------------|-------|
| Establishment Name | _____ | Owner's Name      | _____ |
| Establishment Type | _____ |                   |       |
| Physical Address   | _____ | Owner's Address   | _____ |
| City               | _____ | City              | _____ |
| State              | _____ | State             | _____ |
| Zip Code           | _____ | Zip Code          | _____ |
| Mailing Address    | _____ | Phone Number      | _____ |
| City               | _____ | Fax Number        | _____ |
| State              | _____ | Email Address     | _____ |
| Zip Code           | _____ | Owner's Phone No. | _____ |

**Fee Schedule for Initial or Permit Renewal**

Fees for food service establishments are based on the gross annual volume of food sales. Mark the appropriate volume category. Sales volumes will be verified with the Texas Comptrollers of Public Accounts. **Fees are non-refundable.**

|          | Sales Volume   |            |   | Fee      |
|----------|----------------|------------|---|----------|
| _____ \$ | 0.00 - \$      | 49,999.99  | - | \$250.00 |
| _____ \$ | 50,000.00 - \$ | 149,999.99 | - | \$500.00 |
| _____ \$ | 150,000.00 -   | or more    | - | \$750.00 |

All applicants are required to have a valid sales tax permit issued by the Texas Comptrollers of Public Accounts. Please attach a copy of sales tax permit to the application along with a copy of a government issued identification card.

The City of Hereford recommends that you familiarize yourself with the City Ordinances and the State Food Establishment Rules (TFER) regarding the laws established for the sale and service of food and drinks.

It is hereby stipulated and agreed by the undersigned permit applicant, that in consideration for the issuance of such permit, the applicant will conform with all provisions of City Ordinances and with all orders that may be made from time to time by the City Health Officer or their representative, and it is further stipulated and agreed that the City Health Officer or their representative is granted permission to inspect the premises and equipment of the undersigned in so far as it pertains to the conduct of his/her business or provisions of the Ordinances and that the information given herein is true and correct. Applicant understands that if a permit is issued, then all provisions of the City ordinances and State laws must be complied with whether herein specified or not.

|                            |  |                        |  |
|----------------------------|--|------------------------|--|
| _____                      |  | _____                  |  |
| <b>Applicant Signature</b> |  | <b>Date</b>            |  |
| _____                      |  | _____                  |  |
| <b>Permit Number</b>       |  | <b>Receipt Number</b>  |  |
| _____                      |  | _____                  |  |
| <b>Issue Date</b>          |  | <b>Expiration Date</b> |  |
| _____                      |  | _____                  |  |