



Environmental Health Department
 P.O. Box 2000 Lubbock, TX 79457
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www.mylubbock.us/EH
EnvironmentalHealth@mylubbock.us

PERMIT APPLICATION

DATE: _____ PROPOSED OPENING DATE: _____ INVOICE #: _____ CHANGE OF OWNERSHIP _____

****IN ORDER TO PROCESS YOUR PERMIT THIS APPLICATION, COMPLETED CORRECTLY, MUST ACCOMPANY PERMIT FEE****

FACILITY INFORMATION

Facility Name: _____ Facility Phone: _____
 Address: _____ Facility email: _____
 Website: _____

Emergency Contact information; must be answered 24 / 7

Name/Title: _____ Phone: _____

BILLING INFORMATION

****This will be the address your invoice will be mailed to****

Billing Name: _____ Billing Phone: _____
 Address: _____ Billing email: _____
 Website: _____
 Contact Name: _____

OWNER INFORMATION

Owner Name: _____ Owner Phone: _____
 Address: _____ Owner email: _____
 Website: _____
 Owns/has owned additional COL permitted facilities _____

Type of Permit:

Food Service: FR01	\$300.00	100.6206.13868	Public Pool: SW01	\$325.00	100.6207.13876
Food Service: FR02	\$400.00	100.6206.13869	Semi Public Pool: SW02	\$325.00	100.6207.13877
Food Service: FR03	\$500.00	100.6206.13870	Spa: SW03	\$325.00	100.6207.13878
Food Service: FR04	\$600.00	100.6206.13871	PIWF: SW04	\$325.00	100.6207.13879
Food Processing: PR01	\$300.00	100.6206.13872	Tattoo: TP01	\$250.00	100.6244.13883
Food Processing: PR02	\$400.00	100.6206.13873	Body Piercing: TP02	\$250.00	100.6244.13884
Food Processing: PR03	\$500.00	100.6206.13874	Temporary Tattoo: TP05	\$125.00	100.6244.13882
Food Processing: PR04	\$600.00	100.6206.13875	Smoking Permit: SM01	\$200.00	100.6248
Farmers Market: FM01	\$100.00	100.6206.14569	Mobile Vendor MFVP	\$250.00	100.6211
Grease Facility VT01	\$200.00	100.6243.13880	Duplicate Permit:	\$20.00	100.6432
Grease Hauler VT02	\$150.00	100.6243.13881	Miscellaneous: Signs etc.		100.6514

TOTAL AMOUNT DUE: _____ PAYMENT METHOD: Check # _____ Cash M/C Visa

MOBILE FOOD UNITS, FOOD TRUCKS:

Unit 1, Vehicle Make/Model: _____ License Tag Number: (Include St.) _____

Unit 2, Vehicle Make/Model: _____ License Tag Number: (Include St.) _____

Police Department Background Check Approval: Yes No Not Applicable

Attach photos showing all sides of each unit. If more space is needed, attach separate sheet(s) with Make/Model, Tag numbers, and photos of all units.

WASTE HAULERS:

Unit 1, Vehicle description: _____ TCEQ No.: _____ Tank Size: _____

License Tag Number: (Include St.) _____

Unit 2, Vehicle description: _____ TCEQ No.: _____ Tank Size: _____

License Tag Number: (Include St.) _____

If more space is needed, attach separate sheet(s)

Additional Information

BODY ART ESTABLISHMENTS:

List names of all artist:

Will permanent makeup / micro blading services be performed at this facility: Yes No Not Applicable

Description of all services provided at Body art establishment:

If more space is needed, attach separate sheet(s)

Read and Initial:

_____ Permits are issued for 1 calendar year and will expire in 12 months from issue date. Failure to renew your permit before the expiration date could result in legal action and a late payment penalty of \$65.00 or more.

_____ Invoices are mailed the month of expiration date to the billing address you provided above. Please check to ensure the address you provided is correct. It is your responsibility to pay your invoice in a timely manner even if invoice is not received.

_____ If your billing address changes or you close your business you must notify our office immediately. You are responsible for submitting payment on time.

_____ I, the undersigned, certify that I have reviewed this application and to the best of my knowledge the above information is correct and I agree to comply with the ordinances, rules and regulations of the City of Lubbock, governing the type of business as indicated above.

PRINT: _____

SIGNED: _____ DATE: _____