



City of Coppell
Environmental Health Department
FOOD ESTABLISHMENT PERMIT APPLICATION

P.O. Box 9478, Coppell, Texas 75019-4409 • (972) 462-5177 or 5164

PERMIT STATUS: (Check One) New Business _____ Renewal _____ Change Of Owner _____

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

(STREET NO. & NAME)

(CITY, STATE)

(ZIP CODE)

BUSINESS PHONE: _____ EMAIL: _____

AFTER HOURS EMERGENCY CONTACT / PHONE # _____

NAME OF OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

(STREET NO. & NAME)

(CITY, STATE)

(ZIP CODE)

HOURS & DAYS OF OPERATION: _____

(INCLUDE THE HOURS PERSONNEL ARRIVE AND LEAVE THE ESTABLISHMENT)

- I attest that the information provided above is true and accurate. I agree to comply with the City of Coppell rules and regulations and understand that failure to do so may result in revocation or suspension of the permit.
The permit is effective for one year from the date of issuance unless sooner revoked for a cause.
The permit is not transferable and the permit fees are non-refundable.

Signature of Applicant _____

Date _____

Submit application and fee to City of Coppell, Environmental Health, P.O. Box 9478, Coppell, Texas 75019

Office Use Only

FEE SCHEDULE:

Table with 4 columns: Establishment Type, Fee Amount, Establishment Type, Fee Amount. Rows include Grocery Store (\$150.00), High Priority Food establishment (\$400.00), Medium Priority Food Establishment (\$300.00), Low Priority Food Establishment (\$250.00), and Plan Review (\$100.00).

Approved By _____ Date of Approval _____

Receipt No. _____ Check # _____ Amount \$ _____ Received By _____ Date _____