



CITY OF MANVEL DEVELOPMENT SERVICES

20025 Hwy 6 Manvel, TX 77578 (281) 489-0630 x4 permits@cityofmanvel.com

Health Permit Application

New Business

Renewal

Change of Owner

Sole Ownership

Corporation/LLC

Partnership

Other: _____

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

Business Name: _____

DBA: _____

Address: _____

Phone Number: _____

Email: _____

New Business must supply Certificate of Filing or
Sales Tax Use

Hours of Operation

Monday _____ - _____

Tuesday _____ - _____

Wednesday _____ - _____

Thursday _____ - _____

Friday _____ - _____

Saturday _____ - _____

Sunday _____ - _____

Number of employees to be fully staffed: _____

Establishment Square Footage: _____

Alcoholic Beverages Served: No

Yes, on premise

Yes, off premise

Business Owner

Agency: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Building Owner

Agency: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact (other than Owner)

Name #1: _____

Phone Number: _____

Name #2: _____

Phone Number: _____

Important Notice: All food establishments within the city limits MUST have a valid health permit.

Operating without a valid health permit will result in closure and possible court citation.

All permits are non-transferable and will expire on June 30th every year.

A person who files a renewal application after the expiration date must pay an additional late fee.

Permit Fee: _____

Approval Date: ___/___/_____

Permit #: _____



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DEVELOPMENT SERVICES**

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Type of Business:

- Non-Profit Establishment
- School
- Day Care Center with kitchen
- Day Care Center w/o kitchen
- Group Residence (Institution)
- Bar/ Club/ Tavern
- Concession
- Convenient Store
- Convenient Store w/ Food Service
- Grocery/Retail Store
- Hotel/Motel
- Restaurant
- Other: _____

Type of Establishment	Annual Fee
<input type="checkbox"/> Non-Profit organizations (supporting documentation)	\$ 100.00
<input type="checkbox"/> Day care center	\$ 150.00
<input type="checkbox"/> Group residence (institution)	\$ 150.00
<input type="checkbox"/> Small establishment (< 1,000 sqft)	\$ 200.00
<input type="checkbox"/> Medium establishment (1,001-10,000 sqft)	\$ 400.00
<input type="checkbox"/> Large establishment (> 10,000 sqft)	\$ 600.00
<input type="checkbox"/> Re-inspection fee	\$150.00
<input type="checkbox"/> Owner Initiated Inspection	\$150.00
<input type="checkbox"/> Late Fee	\$100.00
Total Fees	

Water Supply

- Public
- Private: Must be tested every 6 months
Last test date: _____
Last test results:
 Positive
 Negative

Sewage Disposal

- Public
- Private (Quarterly)
Last service date: _____

Most Recent Service Dates:
Quarterly Grease Trap Service: _____
Annual Backflow Inspection: _____

This application must be completed fully and presented to the City of Manvel Annex office located at **20025 Highway 6**. By applying, this establishment agrees to comply with the codes adopted by the City of Manvel and is aware of the right to access to the Regulatory Authority as specified within the health code. Permit/License fees are non-refundable.

I, the undersigned, hereby swear or affirm that the information provided in this application is true and correct to the best of my knowledge and is an accurate reflection of my intentions for the above structure and/or property. I understand that any omission or incorrect information herein will render this application and any permit/license obtained invalid.

Applicant Name: _____ Applicant Signature: _____

Date of Submittal: _____ Received By: _____

Health Officer Approval: _____