



**City of Beaumont Public Health Department
Environmental Health Division
950 Washington Boulevard, Beaumont, Texas 77705
phone: (409) 832-7463, fax: (409) 212-9589**

RETAIL FOOD STORE PERMIT APPLICATION

Name of Establishment: _____

Address of Establishment: _____
City / State / Zip Code

Owner-s Name : _____

Owner-s Address: _____
City / State / Zip Code

Business Phone: _____ Owner-s Home Phone Number: _____

Mailing Address: _____
City / State / Zip Code

FEE: CHECK APPROPRIATE FEE BELOW

Number of Check-Out Counters	Cost	50 % Fee
0 – 2	\$ 192.50 <input type="checkbox"/>	\$ 96.25 <input type="checkbox"/>
3 – 5	\$ 247.50 <input type="checkbox"/>	\$ 123.75 <input type="checkbox"/>
6 – 9	\$ 302.50 <input type="checkbox"/>	\$ 151.25 <input type="checkbox"/>
10 and over	\$ 357.50 <input type="checkbox"/>	\$ 178.75 <input type="checkbox"/>

Is there a licensed Food Service Establishment located in the Retail Food Store?
 _____ Yes * _____ No If Yes, License # _____

* If the Retail Establishment has an existing City Licensed Food Service facility, the Retail Food Store license fee shall be fifty percent (50%) of the establishment fees. This license is required in addition to any food establishment permits that the facility may have.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:	
DATE ISSUED: _____ / _____ / _____	PERMIT NUMBER: _____
EXPIRATION DATE: _____ / _____ / _____	CHECK NUMBER: _____
ISSUED BY: _____	