



# Environmental Health Department

P.O. Box 384, Dripping Springs, Texas 78620  
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## Food Establishment Permit

1-15 Employees \$235       16-30 Employee \$335       31+ Employees \$435

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_ Email Address \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Types of Food Being Served:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Floor Plans Submitted:  YES  NO

Waste Water Disposal: TYPE: \_\_\_\_\_ APPROVED:  YES  NO

Date of Planned Opening: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Inspected: \_\_\_\_\_

Equipment Temps:      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
   \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Food Manager Certified: \_\_\_\_\_ Date Expired: \_\_\_\_\_

Food Handler Certified: \_\_\_\_\_ Date Expired: \_\_\_\_\_

Permit Approved  Approved  Denied

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re-inspection Required:  YES  NO