



www.cityofwebster.com

City of Webster FOOD DEALER APPLICATION

101 Pennsylvania Ave. ❖ Webster, TX 77598

(COMPLETE ENTIRE APPLICATION)

____/____/____
Today's Date

Permit # _____
(For Office Use Only)

Renewal

New Establishment

Change of Ownership

Name of Facility: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fax #: _____ Email: _____

Name of Owner: _____ Owner Email: _____

General Manager: _____ Email: _____

Kitchen Manager: _____ Email: _____

Certified Food Manager: _____

Type of Certification and Certification #: _____

(All food establishments shall have a certified food manager during all hours of operation)

Mail Permit and Other Correspondence To: (If Address Different from Above)

Business Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fax # _____ Email: _____

Type of Establishment: Full Service Single Serve Convenience Other _____

Smoking Permitted: YES / NO Signs Posted: YES / NO Seating Capacity: _____

Exception Area for Non-Smokers: YES / NO Signs Posted: YES / NO Buffet Plate: YES / NO

Posting of Consumer Advisories: Heimlich – YES / NO Raw Shellfish Warning – YES / NO

| | |
|---|---|
| High Volume \$300.00 | Low Volume \$100.00 |
| Mail to: City of Webster , Health Inspector , 101 Pennsylvania Ave., Webster, TX 77598 | |

Signature of Applicant or Representative

Print Name