Community Development Department
3815 B Sachse Road
Sachse, TX 75048
Phone: 469-429-4788

OFFICE USE ONLY
Fee: $ 225.00
Permit: _____
Class: _____
Issue date: _____
Expire date: _____
☐ **New** ☐ **Renewal**

HEALTH SERVICE PERMIT APPLICATION

BUSINESS INFORMATION

Business Name: _____

Business Address: _____ **Zip** _____

Business Phone: _(_____) _____ **Total Number of Employees** _____

Corporate Name: _____

Corporate Mailing Address: _____
City State Zip

If manager is not business owner, list name(s), address(es), and phone number(s) of owner(s), franchise holder(s), corporate supervisor(s), area manager or other responsible party:

_____ _____ _____

_____ _____ _____

Where would you like this application to be mailed/email to next year: Name: _____

Address: _____

Email Address: _____ _____

MANAGER INFORMATION

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED. FAILURE TO COMPLY MAY DELAY ISSUANCE / RENEWAL OF PERMIT.

Manager's Name: _____

Manager's Address: _____

Manager's Home Phone: _____

Manager's Normal Weekly Schedule: _____

Date Manager was employed at present store: _____

Texas Driver's License #: _____ **Race:** _____

Date of Birth: _____ **Sex:** _____

I certify that the information provided above is complete, true and accurate to the best of my knowledge. I will also abide by all provisions of the City of Sachse Health Code to the best of my ability.

Applicant Signature: _____ **Date:** _____