



Health Permit Application

Permit #: _____ Date: _____

Establishment Name: _____

Establishment Address: _____ City: _____ State: _____ Zip: _____

Establishment Phone Number: _____ Establishment Fax Number: _____

Business Owner:

Name: _____ Contact Number: _____ Fax Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Manager:

Name: _____ Contact Number: _____ Fax Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Health Department Permit Information:

Type of Permit:

New Establishment
School
Restaurant
Church
Convenience Store

Opening Date: _____

Public Swimming Pool: _____
(Date of last inspection)

I herby recognize that the Town of Argyle is a Regulatory Authority approved by the Department of State Health Services and agree to abide by the Town of Argyle Code of Ordinances relating to Food and Food Establishments and Public Swimming Pools and Spas. I understand that any permit granted as a result of this application may be suspended or revoked for failure to comply with the Town of Argyle Code of Ordinances affecting public health.

Signature: _____ Date: _____

Town Official Signature: _____ Date: _____