

Application Fee: \$ \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Permit #: \_\_\_\_\_



**City of El Campo**  
*Inspections &  
Planning Department*  
315 E Jackson St  
El Campo Texas 77437  
[cityofelcampo.org](http://cityofelcampo.org)

## HEALTH PERMIT APPLICATION

DATE \_\_\_\_\_

**APPLICATION SUBMITTAL:** Applications will be conditionally accepted on the presumption that the information, materials, and signatures are complete and accurate. If the application is incomplete or inaccurate, your project will be delayed until corrections and/or additions are received. Please submit complete application to Permit Clerk in person at City Hall (315 E. Jackson St., El Campo, TX 77437) or online at <https://elcampo.portal.iworq.net/portalhome/elcampo>.

### Applicant Information

Name: \_\_\_\_\_ Complete Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**OWNER INFORMATION** -  *Check if same as Applicant*

Name: \_\_\_\_\_ Complete Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Business Information

Name of Business: \_\_\_\_\_

Applicable State License/ Registration No: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ After Hours Emergency Phone: \_\_\_\_\_

Type of Business:  Mobile Food Vendor  
 *New*  
 *Existing*  
 Food Establishment – Restaurant/Store/Concession  
 Daycare/Kindergarten

Number of Employees: \_\_\_\_\_

***I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.***

\_\_\_\_\_  
Applicant Name:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## SUBMITTAL REQUIREMENTS

The following summary is provided for the applicant's benefit. However, fulfilling the requirements of this summary checklist does not relieve the applicant from the responsibility of meeting the regulations in the Zoning Ordinance, subdivision regulations, and other development related ordinances of the City of El Campo.

Issued Health Permits are for the calendar year applications are submitted during and will expire at midnight on December 31<sup>st</sup>. Health Permit fees are not pro-rated.

**A complete application must include:**

- **Application Fee: Varies – See fee schedule below**

The City’s staff may require other information and data for specific required plans. Approval of a required plan may establish conditions for construction based upon such information.

## FEE SCHEDULE

Daycare and Kindergarten Permit Fee <i>– No retail to public</i>	\$75.00
Mobile Food Vendor Permit Fee (1 <sup>st</sup> time issue)	\$150.00
Permit Annual Renewal Fee	\$100.00
Food Establishment Permit (all)	
1-5 Employees	\$100.00
6-19 Employees	\$125.00
20+ Employees	\$150.00
Inspections	
Initial Inspection	No Fee
1 <sup>st</sup> Reinspection	No Fee
2 <sup>nd</sup> Reinspection	
1-5 Employees	\$100.00
6-19 Employees	\$125.00
20+ Employees	\$150.00