



ANGELINA COUNTY & CITIES
HEALTH DISTRICT

HEALTH PERMIT RENEWAL 2025-2026

ESTABLISHMENT INFORMATION

Establishment Name:		
Establishment's Physical Address:		
City:	State:	Zip:
Establishment Phone:	Establishment Email:	

OWNER INFORMATION

Owner's Name		
Owner's Physical Address:		
City:	State:	Zip:
Owner's Phone:	Owner's Email:	

ESTABLISHMENT TYPE (SELECT ALL THAT APPLY)

<input type="checkbox"/> Food Establishment (e.g., restaurant, retail food store, catering operation)	<input type="checkbox"/> Mobile Food Unit (MFU) (e.g., catering truck, pushcart, roadside vendor)	<input type="checkbox"/> Central Preparation Facility (e.g., commissary, servicing area)
<input type="checkbox"/> Lodging Establishment (e.g., hotel, motel, bed and breakfast)	<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Body Piercing
<input type="checkbox"/> Tattoo/Permanent Cosmetics	<input type="checkbox"/> Tanning	<input type="checkbox"/> Non-Profit (501C)

PHYSICAL ATTRIBUTES AND INSPECTION

Water supply <input type="checkbox"/> Public <input type="checkbox"/> Private	Provider:
Dumpster Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Provider:
Grease Collection Contractor <input type="checkbox"/> N/A	Company:

RENEWAL AGREEMENT

I hereby swear or affirm that all information provided in this renewal application is true and correct. I further certify that I am authorized to submit this renewal on behalf of the establishment. I understand that by renewing this permit with the Angelina County & Cities Health District, the establishment agrees to comply with all applicable public health laws, rules, ordinances, and regulations that govern its operation.

This form must be completed and submitted to receive your permit. Payments are due by October 15, 2025. A late fee of \$100 will be applied to any payments received after this date. Acceptable forms of payment include cash, check, or money order.

Applicant's Name Printed

Applicant's Signature

Date