



City of Irving Health Permit Application

Application Type: Annual Renewal New Permit Name Change Only

Please complete and return this application and applicable fee to:

City of Irving
Inspections Department
P. O. Box 152288
Irving, TX 75015-2288

or pay in person: Inspections Department
825 W. Irving Blvd., 2nd Floor
Irving, TX 75060

Application for a new certificate of occupancy may be required prior to submission of this permit application. In the event of a name change or ownership change, please notify the City of Irving Inspections Department.

Facility name: _____ Phone: _____

Facility address: _____ City / State / Zip: _____

Renewal mailing address: _____ City / State / Zip: _____

Facility email: _____ Owner's email: _____

Owner or company name: _____ Phone: _____

Owner's TX driver's license # or TX ID #: _____ Date of birth: _____

PLAN REVIEW - \$125 required for new and extensively remodeled establishments

Co. providing plans: _____ Contact: _____ Phone: _____

Address: _____ City / State / Zip: _____

PERMANENT FOOD ESTABLISHMENT Smoking Non-Smoking

Non-potentially hazardous prepackaged food - \$75

Potentially hazardous food: # of employees: _____ 0 – 10 employees - \$350 Over 10 employees - \$500

Restaurant Fast food / Deli Childcare School Grocery / Bakery Hotel / Motel Prepackaged

MOBILE FOOD UNIT Catering truck - \$200 Hot/cold truck - \$200 Pushcart - \$100

Driver's name: _____ Date of birth: _____

TX driver's license or TX ID #: _____ License plate #: _____ Vehicle / Cart #: _____

Driver's address: _____ City / State / Zip: _____

TEMPORARY FOOD EVENT - \$50 origination fee plus \$5 per day per booth (not to exceed 14 days)

Location address: _____ Dates / Times: _____ # Booths: _____

Menu items: _____

Food preparation site: _____

CHILDCARE ESTABLISHMENT - Copy of license from the State is required (can provide at a later date if pending)

Commercial - \$50 plus \$1 per each child licensed by the State Director's Name _____

Registered family home - \$50 Parent's day out - \$50

SWIMMING POOL / SPA - \$200 per body of water # Swimming pools _____ # Spas _____

SMOKING ESTABLISHMENT - \$100 Ventilation, separation and other requirements will apply

NURSING HOME - \$225 - Copy of State license and color photo of Administrator required

State license number: _____ Name of Administrator: _____

I have submitted the above information for application of a permit from the City of Irving, Inspections Department.

I verify that all of the information submitted is accurate.

Signature _____ Print Name _____ Date _____