



**GALVESTON COUNTY HEALTH DISTRICT
PERMIT APPLICATION**

TYPE OF PERMIT		
<input type="checkbox"/> Public Swimming Pool/Spa	<input type="checkbox"/> Food Service	<input type="checkbox"/> Animal Establishment

NOTICE: PERMIT MUST BE OBTAINED PRIOR TO OPENING THE BUSINESS.

To conduct operations as: _____
(Restaurant, Bar, Grocery Store, Farmers Market, Public Pool, Public Spa, Pet Shop, Kennel, etc.)

Name of Establishment: _____ Phone No: _____

Establishment Address: _____ City _____ State _____ Zip _____

Billing Address (if different): _____ City _____ State _____ Zip _____

E-Mail Address: _____

Name of Owner: _____ Phone No: _____

Owner Address: _____ City _____ State _____ Zip _____

E-Mail Address: _____

Name of Operator: _____ Phone No: _____

Operator Address: _____ City _____ State _____ Zip _____

Applicant's Signature: _____ Date _____

E-Mail Address: _____

This application must be returned to Galveston County Health District Office address listed below:

Office Location: 1205 Oak Street, La Marque, Texas 77568
Mailing Address: P. O. Box 939
La Marque, Texas 77568
Phone: (409) 938-2300

HEALTH DISTRICT USE ONLY

Application Received: _____, 20 ____

Date Issued: _____, 20 ____

Receipt No: _____

Permit No: _____

Expiration Date: _____, 20 ____

Risk Level: _____

Permit Fee: _____

Permit Approved: _____ Date: _____

Sanitarian/Inspector