



201 East Main St. / P.O. Box 546  
Olney, Texas 76374-0546  
Phone: (940) 276-2011

## FOOD/HEALTH PERMIT APPLICATION

**Date:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Applicant's Phone Number:** \_\_\_\_\_

**Applicant's Email Address:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Description of goods sold:** \_\_\_\_\_

\_\_\_\_\_  
**I have carefully read the completed application and know the same is true and correct, and I hereby agree that if a permit is issued, all provisions of the City of Olney Ordinances and State Laws will be complied with, whether herein specified or not.**

**I, the undersigned, do hereby certify that I am the Authorized Agent/Builder/Owner of the property described above.**

**I authorize the Inspector to enter my property to complete any inspections or code enforcement issues necessary in conjunction with the issuance of this permit(s).**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Printed Name:** \_\_\_\_\_

**\*Please provide copies of the current Food Handler Certification for each employee.**