



CORPUS CHRISTI PUBLIC HEALTH DEPARTMENT
Environmental & Consumer Health Services
 1702 Horne Rd. Corpus Christi, Texas 78416
 Main Office (361) 826-7222 or (361) 826-7273

HEALTH DEPARTMENT APPLICATION **PRINT CLEARLY**

Business Name _____

Business Phone Number _____

Physical Business Address _____ **City:** _____ **Zip Code:** _____

Business Email _____

Billing Address – Same as Physical Address - Yes _____ **or No** _____ **Billing Office Phone #** _____

Billing Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Business Owner: _____ **Cell Phone #** _____

Current Manager: _____ **Cell Phone #** _____

Owner / Manager Email: _____

In making an application for a HEALTH PERMIT which is necessary to operate my business, I understand and agree to comply with all City Health Ordinances, other City Ordinances and State Laws that may govern the conduct or operation of my business.

Owner / Manager Signature: _____ **Date:** _____

Inspector Signature: _____ **Date:** _____

FEE MUST BE PAID BEFORE PERMIT IS ISSUED. *Make Check Payable to - - City of Corpus Christi**

TYPE OF ESTABLISHMENTS:

Yearly Fees – Permits Expire on December 31 **Renewals Due By January 15

A - 101+ Employees	\$ 880.00	O – Taxing Authority *With Approved Documentation	\$ No Fee
B - 51-100 Employees	\$ 710.00	K -Mobile Food Truck – Health Permit	\$ 140.00
C - 26-50 Employees	\$ 540.00	KV - Mobile Food Truck – Vending Permit	\$ 120.00
D - 10-25 Employees	\$ 370.00	FM – Farmer’s Market Vendor	\$ 50.00
E - 1-9 Employees	\$ 225.00	Temporary Events- 1st day	\$ 35.00
F - Retail Food Store	\$ 125.00	Temp. Event – Each Additional Day *Max 14 Days	\$ 15.00
**Late Fees	\$ 25.00	Temp. Event Late Fees *If paid less then 5 days to event*	\$ 70.00

FOR OFFICE USE ONLY: **Date:** _____

Infor Receipt # _____

Check # _____

AMOUNT PAID _____

Processed By: _____

INSPECHUB Acct # _____

Temp. Event Name: _____

Address: _____

Dates: _____

Times: _____

Onsite Event Contact Name & Cell Phone: _____