



Environmental Health Department

30 Day – Temporary Food Service Establishment

815 N. Broadway Ave. Tyler, TX 75702 Web: www.MyNetHealth.org

Phone: 903-535-0037

Email: EnvironmentalHealth@netphd.org

CHANGE OF OWNERSHIP REQUEST 30 DAY TEMPORARY FIXED FOOD PERMIT

Permits are non-transferrable from one owner to another. **Incomplete forms may be rejected.**

Temporary Food Service Permit is valid 30 days from the date of received and approved by the Environmental Health Department.

FOOD SERVICE NAME AND LOCATION

OLD BUSINESS NAME: _____

PREVIOUS OWNER NAME: _____

FACILITY STREET: _____

CITY: _____ STATE: _____ ZIP: _____

NETHEALTH PERMIT NUMBER: _____ - _____

NEW OWNER MAILING INFORMATION *REQUIRED*

NEW FACILITY NAME: _____

NEW OWNERSHIP NAME: _____

OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Has there been a:

Change in Menu? ☐ Yes ☐ No

Change of Seating? ☐ Yes ☐ No

Change of Equipment? ☐ Yes ☐ No

Change in Layout? ☐ Yes ☐ No

When was the previous business closed?

☐ Less than 30 Days PERMIT \$200.00

☐ 31 Days to 60 Days PENALTY \$100.00

☐ 61 Days to 90 Days PENALTY \$200.00

☐ > 90 Days

If a facility has changed ownership by more than 90 days OR a facility's menu, seating, equipment, or layout has changed; you must obtain approval by permitting inspection from a health inspector prior to operating. Failure to do so will result in citations.

Notice: By submitting this form, you attest to the accuracy of the information and that you will comply with the food code.

SIGNATURE: _____ **PRINT:** _____ **DATE:** _____

New owner may begin operation, once payment has been received PROVIDED THAT no changes have been made in the facility (i.e. menu change, equipment, seating, layout etc.). If anything is marked YES, the applicant does not qualify for this application.

PAYMENT INFORMATION

See back of form for where to submit this application.

Complete if applicable:

Date opened _____

Permit Fee \$ 200.00

Seasonal operation:

Penalty Fee * \$ _____

Date of opening _____

Date of closing _____

Seating capacity (if seating is provided) _____

Total Due \$ _____

Square Footage: _____

MAKE CHECKS PAYABLE TO: NET HEALTH

OFFICE USE ONLY

Application Received _____ Accepted _____ Rejected _____ Reason Rejected _____ P a y m e n t _____

CHECK NUMBER _____ CREDIT CARD _____ Cash _____ DATE FACILITY OPENED _____/_____/_____

INSPECTOR NAME (print) _____SIGNATURE _____ DATE ____/____/____

APPEND? ☐ REVERSED PREVIOUS OWNER CHARGE? ☐ PREVIOUS OWNER OUTSTANDING BALANCE? ☐ PRIOR OWNER LAST INVOICE # _____