



Environmental Health Department

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Food Establishment Permit

() 1-15 Employees \$350

() 16-30 Employee \$350

() 31+ Employees \$435

Date: _____

Name of Applicant: _____ Phone #: _____

Name of Establishment: _____ Email Address _____

Site Address: _____ City: _____ State: _____ Zip _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Types of Food Being Served:

Floor Plans Submitted: () YES () NO

Waste Water Disposal: TYPE: _____ APPROVED: () YES () NO

Date of Planned Opening: _____

FOR OFFICE USE ONLY

Date Inspected: _____

Equipment Temps: _____

Food Manager Certified: _____ Date Expired: _____

Food Handler Certified: _____ Date Expired: _____

Permit Approved () Approved () Denied

Comments: _____

Re-inspection Required: () YES () NO