



SWEETWATER-NOLAN COUNTY HEALTH DEPARTMENT

PROMOTING HEALTH * PREVENTING DISEASE

301 E. 12th Street • Sweetwater, Texas 79556

(325) 235-5463 • Fax (325) 236-6856

www.nolancountyhealth.com

Mobile Permit Application

Application is hereby made to permit a Food Service Establishment within Nolan County in accordance with ordinances of said County. It is hereby stipulated and agreed by the undersigned, that a permit fee of **\$100.00** payable to the **Sweetwater-Nolan County Health Department** shall accompany the application. In consideration of the issuance of such permit, the applicant understands that said permit can be suspended or revoked for noncompliance of Nolan County ordinances. Permit is in effect for one year which it is issued.

Name of Establishment: _____

Location: _____

Name of Owner: _____

Address, City, Zip of Owner: _____

Telephone of Owner: _____

Email Address: _____

Manager & Phone: _____

Types of food sold:

Date inspection desired: _____ Date of opening: _____

Name on Certified Food Manager Certificate _____ Expires _____

Signature of Applicant: _____

PERMIT NUMBER: _____

SUSPENDED _____ **REVOKED** _____

DATE ISSUED: _____

DATE: _____

Revised January 1, 2020