



**ONE STOP SHOP**  
**DEVELOPMENT SERVICES DEPARTMENT**  
**Code Enforcement & Health Division**  
1522 Texas Parkway Missouri City, Texas 77489  
281-403-8600 (Office) [mctxpermits@missouricitytx.gov](mailto:mctxpermits@missouricitytx.gov)

Applications & Forms:



MCTX Self Service:



(Click on QR code for website)

# HEALTH PERMIT

## Important Information & Submittal Checklist

All food establishments within the City limits **MUST** have a valid Health Permit. No person may operate a food service establishment without having a valid permit issued by the city. Health permits are non-transferable. A new permit is required to be issued for a business name change and/or change of ownership.

**Health permits must be renewed annually and expire on September 30<sup>th</sup> of every year.**

A valid permit must be posted in every food service establishment at all times in an area that is clearly visible to the public upon entry of the food service establishment.

A complete application for a Health Permit includes the following:

- ☐ Completed Health Permit Application
- ☐ Pre-Opening Health Inspection Fees (if applicable)
- ☐ Health Permit Fees
- ☐ Certificate of Filing of Sales Tax & Use Permit (New Health Permit applications only)
- ☐ Food manager's Certificate(s) (New Health Permit applications only)

Health Fees	Fee
Day Care Centers with kitchens (2 inspections/ year)	\$ 155.00
Day Care Centers – without kitchens (2 inspections/year)	\$ 125.00
Group Residence (Institution)	\$ 155.00
Nonprofit establishments of all sizes	\$ 125.00
Pre-Opening Health Inspection	\$ 155.00
Owner-initiated inspection	\$ 155.00
Small Establishment under 5,000 SF	\$ 220.00
Medium Establishment 5,001 SF – 15,000 SF	\$ 520.00
Large Establishment above 15,001 SF	\$ 735.00
Mobile vending unit (1 year permit, routine inspection) – Residential construction sites only	\$ 220.00
First Re-inspection fee	\$ 60.00
Second Re-inspection fee	\$ 100.00
Third Re-Inspection Fee	\$ 150.00
Subsequent re-inspections will increase by \$ 50.00	



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# HEALTH PERMIT APPLICATION

All food establishments within the City limits MUST have a valid Health Permit. Health permits are non-transferable. A new permit is required to be issued for a business name change and/or change of ownership.

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A valid permit must be posted in every food service establishment at all times in an area that is clearly visible to the public upon entry of the food service establishment.

<b>1. Food Establishment Business Name (DBA):</b>		
<b>2. Food Establishment Business Location:</b>		
<b>3. Food Establishment Business Owner Name(s), Phone Number(s), Email(s):</b>		
<b>4. Type of Food Establishment:</b>		
<input type="radio"/> Adult Daycare (food prep)	<input type="radio"/> Convenience Store	<input type="radio"/> Long-Term Care/Assisted Living
<input type="radio"/> Adult Daycare (no food prep)	<input type="radio"/> Deli	<input type="radio"/> Meat/Poultry
<input type="radio"/> Bar	<input type="radio"/> Fast Food	<input type="radio"/> Mobile Unit
<input type="radio"/> Caterer	<input type="radio"/> Full Service	<input type="radio"/> Restaurant
<input type="radio"/> Child Daycare (food prep)	<input type="radio"/> Grocery Store	<input type="radio"/> School
<input type="radio"/> Child Daycare (no food prep)	<input type="radio"/> Hospital	<input type="radio"/> Other:
<input type="radio"/> Commissary	<input type="radio"/> Liquor Store	
<b>5. Provide an emergency contacts for Food Establishment, other than the applicant:</b> Name: _____ Contact Phone: _____		
<b>6. Provide all construction site locations</b> <i>(For mobile vending units operating on a residential construction site only):</i>		
<b>7. Select business formation type</b> <i>(Select apply type):</i> Sole Proprietorship      Corporation      LLC      Non-Profit      Other: _____		
<b>8. Building Owner or Property Management Company Name(s), Phone Number(s), Email(s);</b>		
<b>9.</b> <u>Prior to the issuance of a Health Permit, a Pre-Opening inspection is required to be conducted. Separate permits are required for building use, occupancy, and signage.</u> <b><u>I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing the issuance and receipt of a Health Permit will be complied with whether specified herein or not.</u></b>  Date: _____  Applicant Printed Name: _____ Signature: _____  Phone: _____ Email: _____		