

City of Henderson
Community Development
300 West Main
Henderson, Texas 75652-3099



Telephone: 903-392-0784
Rebecca Wilkerson
Health Inspector
www.hendersontx.us
bwilkerson@hendersontx.us

HEALTH PERMIT APPLICATION

Page 1 of 2

The following application is **REQUIRED BEFORE** a new Health Permit can be issued to any food establishments located in the City Limits of Henderson. Per City Ordinance 93.017 (License)

Name of Establishment _____

Address Establishment _____ City _____ State _____ Zip _____

Phone number of Establishment _____

Owner of Establishment _____

Phone # _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

District Manager _____

Contact Phone _____

Email _____

Store Manager _____

Contact Phone _____

Email _____

Certified Food Manager ___ YES ___ NO

All Employees have Food Handler Training ___ YES ___ NO

City of Henderson
Community Development
300 West Main
Henderson, Texas 75652-3099



Telephone: 903-392-0784
Rebecca Wilkerson
Health Inspector
www.hendersontx.us
bwilkerson@hendersontx.us

Page 2 of 2

228.31 (a) The original Food Manager Certificate shall be posted in the food establishment in a location that is conspicuous to customers.

228.31 (b) A Certified Food Protection Manager shall be present at the food establishment during all hours of operation as required in food code, 2-101.11 and 2-102.12

228.31 (d) All food employees, except for the Certified Food Protection Manager shall successfully complete an accredited food handler training course, within 30 days of employment.

228.31 (e) The food establishment shall maintain on premises a certificate of completion of the food handler training course for each food employee.

Restaurant ___ Convenience Store ___ Dollar Store ___ Grocery Store ___ Day Care ___ Other ___

Normal Hours of Operation

Notes

The above is an application necessary for securing a Food Establishment Health Permit. The Undersigned agrees that the above information is correct and agrees to contact the Henderson Health Department if any of the above information changes. Any failure to comply can result in the revocation of the permit issued.

(Print) Name of Applicant _____

Signature _____ Date ____/____/____