

**TOWN OF DOUBLE OAK
320 WAKETON ROAD
DOUBLE OAK, TEXAS 75077
972-539-9464
permits@doubleoak.texas.gov**

HEALTH PERMIT APPLICATION \$250.00 Daycares \$175.00

Date: _____ **Check one:** **New:** _____ **Renewal:** _____

Business Name: _____

Business Address: _____

City-State-Zip: _____

Mailing Address: _____

City-State-Zip: _____

Owner(s) Name(s): _____ **Phone:** _____

If mobile unit-list license number: _____

Name and address of commissary: _____

Hours/Days of operation: _____

Describe operation and types of food/menu offered: _____

Signature of Applicant: _____



For Office Use Only

Application Received: _____

Payment Received: _____ **Amt. Paid:** _____ **Permit #** _____

Permit Issued-Date: _____ **Permit Expires:** _____

Town of Double Oak Authorized Representative: _____