



401 S. Alamo St., Marshall, TX PO Box 698, Marshall, TX 75671 P: (903) 935-4427 Fax: (903) 935-4565

Permit #:	
Date Received:	
By:	

Must Return Original Application with Payment Fees

Concession Information				
Concession Name:				
Address:	City		State	Zip
Phone:	Email:			
Concession Information				
Person Over Concession:				
Name:	Phone:			
Mailing Address:City	У	State	Zip_	
Personal: 1-13 Employees 14 or more Employees				
Number of Food Handlers: (Anyone windlers) ALL CITY OF MARSHALL FOOD PERMITMAY NOT OPERATE A FOOD ESTABLIS ISSUED BY THE REGULATORY AUTHOR 228.247(F). THERE WILL NOT BE A REMI	TS EXPIRE AN HMENT WITH RITY (TEXAS	NUALLY (IOUT A VA	ON <mark>DECEM</mark> LID PERMI ABLISHMEI	BER 31. A PERSON T OR LICENSE NT RULES
Application will be approved with ALL der EH-06	nerits are corr	ected on the	e present ins	pection Form No.
Items 1-47 have been corrected and signed b	y:	Signatur	e	
		Print		
Inspector:	I	Date:		