



HEALTH PERMIT APPLICATION

Date: _____

Please remit Application and Payment to:

City of Aledo
ATTN: Permits & Inspections Dept.
Physical Address: 200 Old Annetta Rd
Mailing Address: PO Box 1
Aledo, Texas 76008
permits@aledotx.gov

Business Name: _____

Business' Physical Address *(if applicable)*: _____

Business' Mailing Address: _____

Business Owner's Name(s): _____

Phone #1: _____ **Phone #2:** _____

Email Address: _____

Health Permit Duration: *Check one* ☐ **ANNUAL** - Cost: **\$250** - Valid for One Year from Date of Issue
☐ **TEMPORARY** - Cost: **\$50** - Valid for One Event Only

I/we understand that failure to comply with any City of Aledo rules and regulations, especially those affecting public health and sanitation, shall be deemed cause for revocation of any permit granted to me as a result of this Application, without refund.

Applicant (print): _____ Signature: _____