



City of El Campo  
Planning Department  
315 E Jackson St  
El Campo Texas 77437  
[cityofelcampo.org](http://cityofelcampo.org)

## HEALTH PERMIT APPLICATION

Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

After Hours Emergency Number \_\_\_\_\_

Owner of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Employees \_\_\_\_\_

### **Health Permit Fees**

1 - 5	Employees	\$ 75.00
6 - 19	Employees	\$100.00
20 +	Employees	\$125.00