



CITY OF CORPUS CHRISTI ESTABLISHMENT UPDATES



Please update your file information in the spaces provided.

1. Name of Establishment: _____
Address: _____
City: _____ Zip Code: _____
Phone: _____

2. Name of Owner: _____
Address: _____
City: _____ Zip Code: _____
Phone: _____
E-Mail Address: _____

3. Billing Name: _____
Address: _____
City: _____ Zip Code: _____
Phone: _____

4. How many employees do you currently have? _____

A change in the number of employees may reflect a difference in the fee for your yearly Health Permit.

- A. 101 + employees.....\$780
- B. 51 to 100 employees.....\$630
- C. 26 to 50 employees.....\$480
- D. 10 to 25 employees.....\$330
- E. 1 to 9 employees.....\$205

I am the Owner / Manager of this establishment and request that the files held at Environmental Health Services Division be changed/updated to the information provided on this form.

Signature _____ Date _____