



CITY OF WEST LAKE HILLS, TEXAS

Nº

PERMIT

FOR THE OPERATION OF A FOOD ESTABLISHMENT

Date Issued _____ Date of Expiration _____

This is to certify that I have inspected the premises, equipment and operation of

_____ located at _____ and find that they have complied with the specifications and requirements and are hereby granted a permit to operate within the City of West Lake Hills.

This permit is to remain in force and effect for one year unless revoked for violation of requirements or for noncompliance with the specifications and requirements of the city Code of Ordinances.

City Administrator
Robert J. Wood, (512) 327-3628

cc: Austin/Travis County Health & Human Services, 15 Waller Street - Environmental & Consumer Health Unit,
Austin, TX 78702