



Health Division  
 151 W. Church Street  
 Lewisville, Texas 75029-9002  
 (972) 219-3480 Fax (972) 219-3772  
 8am to 5pm Monday-Friday

**VIDEO LOAN/APPLICATION FORM**

ONLY A STATE CERTIFIED MANAGER/OWNER MAY RENT THE VIDEO  
 (a copy of state license and drivers license is required)

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Business Tel.# \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 \_\_\_\_\_ Home Tel. # \_\_\_\_\_ TX DL # \_\_\_\_\_

Videos are available to the City of Lewisville Food Establishments and their employees. A seventy-five dollar (\$75.00) refundable deposit is required. **If the video/DVD is not returned within twenty-four (24) hours, a late fee of five dollars (\$5.00) shall be administered per day for up to ten (10) days.** After ten (10) days the deposit fee shall be forfeited to the City of Lewisville. If the videotape/DVD is lost, stolen, or damaged, the deposit is automatically forfeited. This video is copyrighted, and may NOT be copied without express written permission from the publisher.

**I have read and understand the above information and agree to abide by the terms.**

**\*\* DEPOSIT WILL BE FORFEITED AFTER TEN (10) DAYS FROM RETURN DATE \*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Below for Office Use Only**

**Rental Information**

**English DVD #** \_\_\_\_\_  **Spanish Video #** \_\_\_\_\_

**Deposit: \$** \_\_\_\_\_  **Cash**  **Check#** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

**Return Information**

Date Video & Deposit Returned: \_\_\_\_\_ Late Fee: \$ \_\_\_\_\_ Employee: \_\_\_\_\_

Deposit Returned To: \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)