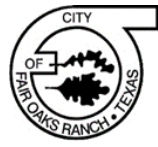




CITY OF FAIR OAKS RANCH
RETAIL FOOD OPERATIONS PERMIT APPLICATION
DEPARTMENT OF STATE HEALTH SERVICES



Mail to: Building Department, 7286 Dietz Elkhorn, Fair Oaks Ranch, TX 78015

Retail Food Operation

Permit # Issued: _____

1. Type of Food Operation

- Retail Food Store** – Permit is valid for one year
- Food Service Establishment** – Permit is valid for one year
- Mobile Food Unit** – Permit is valid for one year (Mobile Food Service Units are subject to inspection prior to issuance of permit)
- Hotel/Motel Food Service** – Permit is valid for one year
- Day Care Center** – Permit is valid for one year

2. Certified Food Manager: Yes No

CFM Name: _____

CFM ID: _____

CFM Expiration: _____

Failure to have a CFM employed by your establishment will result in a citation or suspension of your food permit.

3. Amended Permit: Yes No

- Change of Ownership
- Change of Name
- Change of Location
- Effective Date of Change: _____

Change of name, ownership or change in location of a licensed place of business requires submission of new application and fee.

4. Complete in Full:

Name of Business: _____ Tax ID #: _____

Legal Name of Owner (if different from above): _____

Location Address: _____
Address City/State Zip

Mailing Address: _____
Address City/State Zip

Contact Person (regarding permit): _____ Phone: (____)____-____

Manager: _____ Phone: (____)____-____

Gross Annual Income of Food Establishment:

- \$0.00 - \$24,999.99
- \$25,000.00 - \$49,999.99
- \$50,000.00 - \$149,999.99
- \$150,000.00 or more

Annual Fee:

- \$125.00
- \$150.00
- \$225.00
- \$325.00

All fees are non-refundable

Late Fee – Renewal applications filed after the expiration date will be assessed a late fee of \$5.00 per day

5. Check type of ownership and provide required information:

Proprietorship – Name of Proprietor: _____

Partnership – Name of Partner(s): _____

Association – Names of Principal(s): _____

Corporation – Names of Officers & Directors: _____

Date & Place of Incorporation: _____

Name of Registered Agent in State: _____

Address of Registered Agent in State: _____

6. Profile

Hours of Operation: Start: _____ : _____ AM/PM Finish: _____ : _____ AM/PM Days Open: _____

VERIFICATION: I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. IF THE OWNER IS A CORPORATION, I FURTHER CERTIFY THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, ON THIS APPLICATION SHALL BE GROUNDS FOR DENIAL OR CANCELLATION OF A PERMIT.

Signature

Date

Printed Name

- OWNER
- PARTNER
- PRESIDENT
- CORPORATE DESIGNEE/AGENT