



**FOOD MANAGER PERMIT REGISTRATION APPLICATION**

**INSTRUCTIONS:** (1) Complete all information below (2) Enclose a copy of the food manager certificate (3) **Submit \$50 fee**

I have received a certificate from a food service manager training course that is accredited by the Texas Department of State Health Services. I have enclosed a copy. Please register my certificate with the Grayson County Health Department as required by law.

**FOOD MANAGER**

Name: \_\_\_\_\_  
(Last) (First) (M)

Home Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver License No: \_\_\_\_\_

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

**ESTABLISHMENT**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

General Manager \_\_\_\_\_ E-mail \_\_\_\_\_

**ACCREDITED FOOD SERVICE MANAGER TRAINING COURSE**

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

Certificate No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

HEALTH DEPARTMENT USE ONLY

RECEIPT NO: \_\_\_\_\_ MANAGER PERMIT EXPIRES: \_\_\_\_\_

DATE PAID: \_\_\_\_\_ PERMIT POSTED: \_\_\_\_\_

REGISTRATION FEE: \$50 GCHD CERTIFICATE NO.: \_\_\_\_\_

INITIALS: \_\_\_\_\_ MANAGER PERMIT MAILED / DELIVERED: \_\_\_\_\_