

**CHECKLIST FOR OPENING A FOOD ESTABLISHMENT**

INSTRUCTIONS: (1) Select the appropriate check list box below (2) Follow the steps (3) Submit required fees and documents

<input type="checkbox"/> <u>BUILD NEW ESTABLISHMENT</u>	Required Fees
<ol style="list-style-type: none"> Complete the <i>Initial Application Form and Food Establishment Risk Assessment</i>. An architectural blueprint, design drawn to scale, or floor plan shown to scale of the establishment, including equipment, coolers, sinks, cookers, ware wash area, restrooms, storage, exterior equipment, dumpster etc. Submit the application, the initial inspection fee, the risk assessment, a detailed menu, and the blueprints to Environmental Health Division at the above address. An on-site inspection may be necessary at this time. Check local City Hall requirements for zoning, building, fire, or Certificate of Occupancy. The plans will be reviewed. All comments, alterations, or corrections will be returned to the owner. All requirements in the current Texas Food Establishment Rules and local ordinances apply. Any variance requested by owner shall be submitted to the Environmental Health Division. Ensure that all food employees have a certified food manager permit or a food handler permit. By law there will be a food manager on-site during all hours of food activity. When construction is complete, call Environmental Health Division for a pre-operational inspection for final approval. (72 hours notice) <u>**DO NOT BRING ANY FOOD/FOOD PRODUCT, SINGLE-USE ITEMS, OR DRINKS INTO ESTABLISHMENT UNTIL RETAIL FOOD ESTABLISHMENT PERMIT IS RELEASED. **</u> Complete the <i>Annual Retail Food Establishment Permit Application</i> and pay the appropriate fee. Begin operations. (Post the permit for public display.) 	<p>Initial Inspection (\$200)</p> <p>Annual Fee (\$250 - \$773)</p>
<input type="checkbox"/> <u>REMODEL EXISTING ESTABLISHMENT</u>	Required Fees
<ol style="list-style-type: none"> Notify Environmental Health Division. Some or all of the steps listed above may be required depending on the extent of the remodeling. 	<p>Initial Inspection (\$200 unless waived)</p>
<input type="checkbox"/> <u>CHANGE OF OWNERSHIP</u>	Required Fees
<ol style="list-style-type: none"> Notify Environmental Health Division. Inspection reports of the previous establishment will be reviewed for previous structural or equipment defects. Correction may be required if warranted. If warranted, new owner shall follow the steps in the <input type="checkbox"/> <u>Build New Establishment</u> box above. If not warranted, for example only minor corrections, the initial inspection and fee are both waived. Ensure that all food employees have a food manager permit or a food handler permit card. By law, there must be a food manager on-site during all hours of food operations. Complete the <i>Annual Retail Food Establishment Permit Application</i> and pay the appropriate fee. Begin operations. Post the permit for public display. 	<p>Initial Inspection (\$200 unless waived)</p> <p>Annual Fee (\$250 - \$773)</p>

Texas state law requires a Certified Food Manager to be present at all times during food preparation activities in a food establishment. To obtain a certified food manager certificate please feel free to visit:

<https://graysoncotx.foodmanagerclasses.com/>

Texas state law requires anyone handling food or utensils in a retail food establishment to have a food handler certificate. To obtain a food handler certificate please feel free to visit:

<https://www.foodhandlerclasses.com/graysoncotx/>

**INITIAL APPLICATION FORM**

Submit: (1) Completed application and risk assessment (if applicable) (2) Menu (if applicable) (3) Copy of Plans (4) \$200 fee

Name of Proposed
Facility: _____

Address of Proposed
Facility: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Name & Address of Owner/Corp: _____

Telephone: _____ Fax: _____

Name of person in charge: _____

Email: _____

Reason for Application: ☐ New ☐ Remodeled ☐ Change of Ownership

Type of Facility: ☐ Full Service Restaurant ☐ Convenience Store ☐ School ☐ Grocery Store
☐ Mobile Food Unit ☐ Commissary ☐ Swimming Pool/Spa ☐ Other _____

Type of Service: Describe nature of operation and menu items

Days and Hours of Operation: _____

APPLICANT NAME: _____ DATE: _____

HEALTH DEPARTMENT USE ONLY

RECEIPT NO.: _____ DATE PAID: _____ FEE PAID: _____ INITIALS: _____



FOOD ESTABLISHMENT RISK ASSESSMENT

HEALTH DEPARTMENT USE ONLY
Risk Category: _____

☐ NEW ☐ REMODEL

DATE: _____

The Grayson County Health Department permits food establishments based on the risk posed for possible food-borne illness outbreaks. Grayson County will conduct a risk assessment for each food establishment that applies for, or renews a permit. Grayson County will determine the risk category based on the food preparation and handling processes that can post a risk of food-borne illness varying from low, to medium, to high risk. The risk category will determine the associated fee and inspection frequency for your establishment.

Risk-Based Definitions:

Low Risk (1): Includes food establishments that only sell pre-packaged time/temperature control for safety (TCS) food. Examples include some convenience stores, and establishments with prepackaged ice cream. These food establishments will require one compliance inspection per year.

Medium Risk (2): Includes food establishments that serve TCS foods that require minimal handling or preparation and is served in individual portions. This includes a food establishment that has simple cooking processes, a limited menu, and most products are prepared/cooked and served immediately. Examples include convenience stores that package ice, and/or have hot dog rollers, cut fruit, and ice cream shops/snow cone stands with a limited menu. These food establishments will require two compliance inspections per year.

High Risk (3): Includes food establishments that serve large volumes TCS foods, especially TCS foods that require extensive amounts of handling, or TCS foods that are prepared in bulk. This includes food establishments that serve highly susceptible populations, and any food establishment that conducts specialized processes. Examples include full-service restaurants, preschools, hospitals, and food establishments with specialized processes such as, reduced oxygen packaging, or time/temperature control for safety foods, etc. These food establishments will require two compliance inspections per year.

Required Supporting Documentation that must be submitted WITH the application AND risk assessment:

- ☐ An architectural blueprint design, or floor plan drawn to scale of food establishment showing location of equipment, plumbing, sinks, coolers, ware wash area, restrooms, storage, etc.
- ☐ Proposed menu – Your menu must list all types of consumable foods and beverages offered. The more detailed your menu is the better. Please ensure to list any food products that contain any major food allergens, and seasonal items. The menu and the way in which you prepare your food will help the plan reviewer determine what equipment will be required in the facility.
- ☐ Certificate of Occupancy (must submit before a permit will be released)

Site Type: (Check all that apply)

- ☐ Full Service ☐ Fast Food ☐ Commissary ☐ School ☐ Youth Camp
- ☐ Bakery/Donut Shop ☐ Catering Service ☐ Nursing Home/Assisted Living ☐ Medical Facility
- ☐ Beverage Service/Bar ☐ Convenience Store ☐ Hotel/Motel
- ☐ Grocery Store (with multiple departments) ☐ Other: _____



Proposed Business Name: _____
 Proposed Business Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____

Business Owner Name: _____
 Business Owner Phone Number: _____ Email: _____
 Person in Charge: _____ Phone Number: _____
 Email: _____

Proposed Project Start Date: _____
 Completion Date (when do you want to be permitted by?): _____

Food Safety Risk Assessment:

A Highly Susceptible Population (HSP) includes individuals more vulnerable to illness, such as immunocompromised people, preschool-aged children, and the elderly, who are at higher risk of experiencing severe consequences from foodborne illnesses. An example of an establishment that primarily serves a highly susceptible population could be a health care facility, assisted living facility, nursing home, a child or adult day care center, hospital, senior center, etc.

1. Will you primarily be serving a highly susceptible population? ☐ Yes ☐ No
- "TCS" means it requires Time and Temperature Control for safety or perishable food products.
2. Are TCS foods or beverages items served to customers? ☐ Yes ☐ No
3. Are TCS food items prepared only in individual portions (receive, prep, serve)? ☐ Yes ☐ No
4. Are TCS food items served from a customer self-service bar or buffet? ☐ Yes ☐ No
5. Are TCS food items cooked or reheated? ☐ Yes ☐ No
6. Are TCS food items prepared from raw non-frozen ingredients? ☐ Yes ☐ No
7. Are TCS food items prepared in batch and held before service (cook/reheat, hold, serve)? ☐ Yes ☐ No
8. Are TCS food items handled with multiple-step prep (cook, cool, reheat) or special process? ☐ Yes ☐ No

Preparation

1. Will frozen foods be thawed? ☐ Yes ☐ No
 If yes, what methods are used to thaw? (select all that apply)
☐ Refrigeration ☐ Cool Running Water ☐ Microwave ☐ Cooked from frozen state (example: freezer to fryer)
2. Will you actively cool food products? ☐ Yes ☐ No
3. Will you reheat TCS food products? ☐ Yes ☐ No
4. Will your establishment conduct any special processes? (check all that apply)
☐ Reduced Oxygen Packaging ☐ Time as a Public Health Control ☐ Bare Hand Contact
☐ Heating and cooling of large amounts of foods ☐ Food Additives/Acidification ☐ Other: _____



Ice:

Will ice be made? ☐ Made on-site ☐ Purchased ☐ Not Used

Will ice be bagged and sold? ☐ Yes ☐ No

Pest Control: (select all methods of pest exclusion and prevention used)

☐ Outside doors will be self-closing and rodent proof ☐ Insect Control Devices

☐ All entrances left open to the outside will be screened ☐ Air Curtains

Chemicals:

Type of Sanitizer to be used for food contact surfaces: _____

Where will chemicals be stored? _____

Water Supply and Sewage:

Public or private water source: _____

Public or private sewer source: _____

Is there an indirect connection on all required plumbing?

(Any drain line or sink that is not a handsink, or a mop sink will require an indirect connection)

☐ Yes ☐ No

Finish Schedule:

All surfaces shall be smooth, non-absorbent, easily-cleanable, and light in color. Place a N/A in the space if not applicable.

Kitchen: Floor: _____ Walls: _____ Ceiling: _____

Warewash Area: Floor: _____ Walls: _____ Ceiling: _____

Dry Storage Space: Floor: _____ Walls: _____ Ceiling: _____

Walk-In Cooler: Floor: _____ Walls: _____ Ceiling: _____

Walk-In Freezer: Floor: _____ Walls: _____ Ceiling: _____

Restrooms: Floor: _____ Walls: _____ Ceiling: _____

Bar: Floor: _____ Walls: _____ Ceiling: _____

**Sinks:**

Number of Handsinks:

Kitchen: _____ Bar: _____ Warewash area: _____ Restrooms: _____

Number of Mop Sinks: _____

Number of three-compartment sinks: _____

Is the largest cooking utensil capable of being completely submersed into each compartment? ☐ Yes ☐ No

If no, describe cleaning and sanitizing method: _____

Are there drain boards on each end of the three-compartment sink? ☐ Yes ☐ No

If no, describe your air drying method: _____

Number of prep sinks: _____

Other sinks (description and quantity): _____

☐ Mechanical dish machine (this is not to replace the required three-compartment sink)☐ High temperature Sanitizer☐ Chemical Sanitizer**Acknowledgement and Signature**

I understand by submitting this risk assessment I will comply with all local, state, and federal laws and code requirements. I also understand that by submitting this risk assessment all information and supporting documentation/attachments are correct to the best of my knowledge and I will submit and comply with any revisions needs by the Grayson County Health Department to ensure that all local, state, and federal requirements are followed therein throughout this process.

Signature: _____ Printed Name: _____

Title: _____ Date: _____

Available Resources for applicants:Texas Department of State Health Services: <https://www.dshs.texas.gov/retail-food-establishments/statutes-laws-retail-food-establishments>FDA Food: <https://www.fda.gov/food>Employee Reporting Sign: <https://www.co.grayson.tx.us/upload/page/0224/docs/E23-13282FoodEmployeeReportingSign.pdf>Certified Food Manager Training and Certificate: <https://graysoncotx.foodmanagerclasses.com/>Food Handler Training and Certificate: <https://www.foodhandlerclasses.com/graysoncotx/>

Inspector _____ Ext _____

Date _____



INSPECTOR'S FINAL CHECKLIST FOR FOOD ESTABLISHMENTS

Name of Facility : _____

Address of Facility: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

1. SUBMISSION OF PLANS, RISK ASSESSMENT AND MENU.

- ___ A complete set of plans and specifications shall be submitted (and drawn to scale if applicable).
- ___ Submit the risk assessment and a detailed copy of the menu.

2. CERTIFICATE OF OCCUPANCY.

- ___ Owner must obtain a Certificate of Occupancy or be issued clearance before a Health Permit will be issued.

3. TIME LIMITATION ON CONSTRUCTION/REMODELING.

- ___ Construction must begin and end within the time limits of the project's Building Permit.
- ___ City Departments such as Building (electrical, mechanical, plumbing) and Fire may be involved.

4. INSPECTIONS OF FACILITIES BY HEALTH DEPARTMENT.

- ___ Contact the plans reviewer to schedule a preliminary inspection before the construction is completed.
- ___ Contact the plans reviewer to schedule a final inspection at least 72 hours prior to opening for business.
- ___ Do not place any foods/food product or single-use items in the establishment before Food Establishment Permit is released.

5. ALTERATION(S) TO PLANS.

- ___ Contact the plans reviewer before making any alterations in approved plans.

6. WATER SUPPLY.

- ___ Establishment's water shall be from a public water system or an approved source that meets State drinking water requirements.
- ___ Private wells shall be approved by TCEQ

7. SEWAGE

- ___ All sewage and waste water shall be disposed into a public sewage system or an individual sewage disposal system that meets State and local requirements.

8. WALLS AND CEILINGS.

- ___ Wall and ceiling surfaces in food preparation, food serving, warewashing, storage areas, and toilet rooms must be smooth, nonabsorbent, easily cleanable, light in color and in good condition. Acoustical ceiling panels are not approved in these areas.
- ___ Studs, joists, and rafters shall not be exposed in the areas listed above.
- ___ Utility lines and pipes must not be unnecessarily exposed and must not obstruct or prevent cleaning of walls or ceilings.
- ___ Duct work for HVAC shall be recessed inside walls or ceilings.

9. FLOORS.

- ___ Floors in food preparation, food serving, warewashing, storage areas, and toilet rooms must be smooth, nonabsorbent, easily-cleanable, and in good condition.
- ___ Exposed horizontal utility lines service lines or pipes may not be installed on the floor.
- ___ Floor-wall junctures must be covered and sealed.
- ___ Floor drains are required in areas subject to overflow or where a discharge of liquid waste is expected from equipment such as buffet lines, salad bars, drink stations, ice machines.

10. SHELVING AND CABINETS.

- ___ Unfinished construction is not allowed anywhere. Interior surfaces of cabinets and shelf surfaces shall be finished with a smooth, nonabsorbent, easily cleanable surface.
- ___ Shelving and racks shall hold food and food-related items a minimum of 6 inches off the floor. The area between the floor and lowest shelf shall be easily cleanable.
- ___ Wooden shelves or racks are not permitted in refrigerated storage areas. Only stainless steel or other non-corrosive metal shelving are approved for use in refrigerators, freezers, and walk-in refrigeration units.

11. HANDWASHING LAVATORIES.

- ___ Lavatories designated only for handwashing are required if any type of food/mixed drink preparation or warewashing is



conducted.

- ___ Lavatories shall be accessible and conveniently located in food preparation, food serving and warewashing areas, and toilet rooms.
- ___ Lavatories must be equipped with hot and cold water, supplied through a mixing valve or combination faucet.
- ___ Lavatories shall be located to avoid contamination of food and food-related items and areas. Splash guards may be used to meet this requirement.
- ___ All lavatories must have a "handwashing only" and a "disease reporting" sign placed at them.

12. WARE WASHING FACILITIES.

- ___ A minimum three-compartment sink is required for manual washing, rinsing and sanitization of equipment and utensils.
- ___ All ware washing sinks shall be large enough to permit the complete immersion of the largest piece of portable equipment.
- ___ Separate drainboards for soiled and clean equipment and utensils shall be attached to all ware washing fixtures.
- ___ Mechanical dishwashing machines may supplement but not replace the manual sink requirement.

13. FOOD PREPARATION SINKS.

- ___ Food preparation sinks shall be separate from ware washing sinks and shall be drained into the sewage system through a minimum 1-inch vertical air gap.

14. UTILITY SERVICE SINK.

- ___ At least one utility sink or curbed cleaning facility shall be provided for the cleaning the mops and similar floor cleaning tools and the disposal of mop water or other waste water.
- ___ The utility service fixture shall be located to avoid the contamination of food and food-related items and areas.
- ___ The utility service fixture shall be provided with hot and cold water.
- ___ A vacuum breaker or approved backflow prevention device shall be installed if a hose is connected.
- ___ A device must be present to hang all mops, brooms, and squeegees.

15. PLUMBING.

- ___ Approved backflow prevention device shall be installed on items connected to the water system, such as chemical injectors, attached hoses, and spray wands where there is a potential for direct connection between the potable water system and non-potable water. This includes outside water faucets.
- ___ There shall be no direct connection between the sewage system and any drains originating from equipment in which food or utensils are placed, such as ice machines, food preparation sinks, floor drains in walk-in refrigeration units, steam tables, and salad bars. These fixtures shall be drained into the sewage system through a minimum 1-inch vertical air gap.
- ___ Water heaters will provide a constant and ready source of hot water to all supplied fixtures.

16. EQUIPMENT DESIGN AND INSTALLATION.

- ___ Recommend equipment which is designed and constructed for commercial use be used in food establishments. Residential, home-type refrigerators, freezers, ranges and ovens may not withstand the heavy use.
- ___ Installed and immobile equipment such as refrigerators, freezers, ovens, ranges, fryers, food preparation units and tables shall be (a) sealed to the floor; (b) installed on a raised platform of sealed concrete; or (c) elevated on legs to provide a minimum 6 inch clearance between floor and equipment.
- ___ Sufficient space must be provided for easy cleaning between and behind each unit of floor-mounted equipment, or the space between it and adjoining equipment units and adjacent walls shall be closed and sealed.
- ___ A minimum 3-foot working space/aisle shall be maintained throughout the establishment in food preparation, food serving, warewashing and storage areas.
- ___ The tops of all walk-in refrigeration units and vent hoods shall be extended to the ceiling and properly sealed.
- ___ Hoses to and from cold plates in ice bins must be grommited at entry and exit sites. Ice bins must be equipped with proper lids.

17. VENTILATION.

- ___ A vent hood system is required when any operation within the kitchen produces excessive heat, steam, condensation, grease-laden vapors, obnoxious odors, smoke and/or fumes, and shall meet the requirements of the City Mechanical Code.
- ___ Easily removable and easily cleanable filters are required in vent hoods and ventilation systems.

18. TOILET ROOMS.

- ___ Toilet rooms shall conform to all Building, Plumbing, and Health Code requirements.
- ___ Toilet facilities shall be conveniently located and shall be accessible to employees at all times.
- ___ Toilet rooms shall be completely enclosed and have tight-fitting, self-closing solid doors.
- ___ A covered receptacle shall be in the women's restroom.



19. LIGHTING.

___ The light intensity shall be at least:

- 50-foot candles at all work surfaces where a food employee is working with unpackaged potentially hazardous food or with food, utensils, and equipment where employee safety is a factor.
- 30-foot candles at a distance of 30 inches above the floor in sales areas, utensil and equipment storage areas, and in handwashing and toilet areas.
- 20-foot candles 30 inches above the floor in walk-in refrigerators/freezers, dry food storage areas, and in all other areas, including dining areas during cleaning operations.

___ Light bulbs shall be shielded, coated, or otherwise shatter-resistant in areas where there is exposed food; clean equipment, utensils, and linens; or unwrapped single-service and single-use articles.

20. GARBAGE AND REFUSE DISPOSAL.

___ Garbage and refuse containers, dumpsters, and compactor systems shall be stored on or above a smooth surface of nonabsorbent material, such as concrete or asphalt.

___ Discharge of liquid waste from compactor units shall be diverted to the sanitary sewer.

21. LAUNDRY FACILITIES.

___ Laundering shall be restricted to washing and drying of linens used in the operation of the establishment.

___ If linens are laundered on the premises, a clothes dryer must also be provided and used.

___ Washers and dryers may be located in dry storage areas containing only prepackaged items or in a separate laundry room.

22. INSECT AND RODENT CONTROL.

___ Outside openings shall be effectively protected by tight-fitting, self-closing doors, closed windows, screening, or other means to prevent entry of insect and rodents.

___ Air curtains or plastic thermal curtains are strongly recommended on exterior service doors and may become a requirement if insects cannot be excluded.

23. EMPLOYEE LOCKER AREAS AND DRESSING ROOMS.

___ Enough lockers or other suitable facilities shall be provided and used for the storage of employee's clothing and belongings.

___ If employees routinely change clothes within the establishment, rooms shall be designated and used only for that purpose.

24. TOXIC MATERIAL STORAGE.

___ All poisonous or toxic materials shall be stored in cabinets, compartments or facilities which are used only for that purpose. Such materials shall not be stored above or immediately adjacent to food, equipment, utensils, and single-service articles.

25. DRY STORAGE AREAS.

___ Food storage areas must be adequate for the operation of establishment with a recommended minimum size of at least 25% of the total square footage of other food and food-related areas.

26. SELF-SERVICE AREAS.

___ Areas designated for customer self-service shall have smooth, easily cleanable, nonabsorbent flooring which shall extend at least 3 feet from the perimeter of the self-service area.

___ Self-service displays shall be protected from contamination by the use of packaging or salad by food guards.

___ At self-service displays where customers are allowed additional food, a sign shall be posted directing customers to use clean plates for return helpings, ex: "Use a clean plate for each visit". Clean plates, cups, and bowls must be available.

Health Department Use Only

Reviewer: _____ Date: _____

☐ APPROVED - NO CONDITIONS

ITEMS NEEDED TO BE CORRECTED:

GRAYSON COUNTY

205 N Houston Ave., Denison, TX 75021-3014



HEALTH DEPARTMENT

Environmental Health / Tel 903-893-0131 / Fax 903-465-2978

Rev. 08/25

ANNUAL RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

INSTRUCTIONS: 1. Complete all information include \$100 late fee for delinquent application. 2. Provide a copy of all Certified Food Manager & Food Handler permits for each employee. 3. Provide a copy of the menu. 4. An incomplete application will NOT be processed or approved.

<u>ESTABLISHMENT</u> <input type="checkbox"/> Renewal <input type="checkbox"/> New owner <input type="checkbox"/> Name or location change Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Tel: _____ Fax: _____ General Manager: _____ E-Mail: _____ <input type="checkbox"/> By checking this box, you request to receive legislative updates from Grayson County via email. Send permit and renewal notice to: <input type="checkbox"/> Establishment <input type="checkbox"/> Owner	<u>OWNER</u> Name _____ Address: _____ City: _____ State: _____ Zip: _____ Tel: _____ Fax: _____ <u>APPLICANT'S NAME</u> Signature: _____ Print: _____ Date: _____
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<u>Liquid Waste Transporter:</u>	<u>Grayson County/ TCEQ #:</u>
NOTE: Only transporters permitted by Grayson County may be employed to pump Grease Trap.	

FEE SCHEDULE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP	
Fees for food establishments will be based on the risk posed for possible food-borne illness outbreaks. Grayson County will conduct a risk assessment for each food establishment that applies for or renews a permit. Grayson County will determine the risk category based on the food preparation and handling processes that can pose a risk of food-borne illness varying from low, to medium, to high risk. The risk category will determine the associated fee and inspection frequency. Nonprofit 501(c) establishments are exempt from permitting fees, but will still be assessed a risk category to determine an inspection frequency.	
<input type="checkbox"/> Low Risk Category (1)	- \$250.00
<input type="checkbox"/> Medium Risk Category (2)	- \$400.00
<input type="checkbox"/> High Risk Category (3)	- \$550.00
<input type="checkbox"/> Establishments with multiple departments (4)	- \$773.00
FEES ARE NON-REFUNDABLE	

<input type="checkbox"/> Late Fee – A person who submits a renewal application after the permit expiration date must pay an additional \$100.00.
Business Hours of Operation: _____

RESPONSIBLE INDIVIDUAL IN CHARGE AT ESTABLISHMENT	
A permit cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters and shall be separated from any living or sleeping quarters by complete partitioning. Food prepared in a private home may not be used or offered for human consumption in a food establishment.	
Name and Title _____	ID/Driver's License Number _____

This permit is nontransferable. A new permit is required for new owners, change of name, or new location. Nonprofit facilities shall have a 26 USC section 501(c) exemption, and are exempt from the permitting process. A late fee of \$100 is assessed if postmarked after permit expiration date. Make check payable to GCHD. There is a \$30 fee for returned checks. All fees are non-refundable. I further certify that I have read and understand Chapter 437 of the Texas Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapters 228 & 229, and agree to abide by them.

HEALTH DEPARTMENT USE ONLY

RECEIPT NO.: _____ DATE PAID: _____ FEE PAID: _____ LATE FEE: _____ RISK CAT.: _____

PERMIT EXPIRES ON: