



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: _____