



RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

INSTRUCTIONS: 1. Complete all information (include \$50 late fee for delinquent applications) 2. Obtain employee permits* **PROVIDE a Copy of all Manager & Handler Permit cards & work roster** (3. Return with fee to GCHD

<p><u>ESTABLISHMENT</u> <input type="checkbox"/> Renewal <input type="checkbox"/> New owner <input type="checkbox"/> Name or location change</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Tel: _____ Fax: _____</p> <p>General Manager: _____</p> <p>E-Mail: _____</p> <p>Send permit and renewal notice to: <input type="checkbox"/> Establishment <input type="checkbox"/> Owner</p>	<p><u>OWNER</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Tel: _____ Fax: _____</p> <p><u>APPLICANT'S NAME</u> : _____ Cell : _____</p> <p>Signature: _____</p> <p>Print: _____ Date: _____</p>
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TYPE OF OPERATION
Restaurant or Cafeteria
School
Convenience Store
Grocery
Mobile
Concession or Carry Out
Day Care (13 or more children)
Nursing Home
Bed & Breakfast
Other:

DAY AND TIME OF OPERATION
Mon
Tue
Wed
Thur
Fri
Sat
Sun

*EMPLOYEE PERMITS (This section must be completed)			
Food Managers: All certified managers shall be <u>registered</u> with the Grayson County Health Dept. By law, a <u>registered</u> manager shall be on duty during each shift.	Grayson County Health Dept Permit #.	Total Managers	
Names: (LIST ADDITIONAL MANAGERS ON BACK) _____	Expires: _____	_____	_____
Food Handlers: Any full or part-time person handling food or food equipment, examples: <ul style="list-style-type: none"> <li style="width: 25%;">• Ice handlers <li style="width: 25%;">• Bar persons <li style="width: 25%;">• Dishwashers <li style="width: 25%;">• Day care workers <li style="width: 25%;">• Cooks <li style="width: 25%;">• Bus persons <li style="width: 25%;">• Delivery drivers <li style="width: 25%;">• Nursing home workers <li style="width: 25%;">• Butchers, bakers <li style="width: 25%;">• Wait staff <li style="width: 25%;">• Concession workers <li style="width: 25%;">• Food sampling workers 			Total Handlers
TOTAL EMPLOYEES (add Total Managers and Total Handlers)			
PLEASE PROVIDE COPY OF PERMIT CARDS			

LIQUID WASTE TRANSPORTER: _____ GRAYSON COUNTY/TCEQ No. _____

NOTE: Only transporters permitted by Grayson County may be employed to pump grease traps.

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 501c3 exemption on file. **A late fee of \$50 is assessed if received after expiration date.** Make check payable to GCHD. \$30 fee for returned checks. No Refunds.

THIS IS A PUBLIC DOCUMENT AND IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE INFORMATION.

HEALTH DEPARTMENT USE ONLY	
RECEIPT NO: _____	PERMIT MAILED: _____
DATE PAID: _____	PERMIT POSTED: _____
ANNUAL FEE: _____	PERMIT EXPIRES ON: _____
LATE FEE: _____	
INITIALS: _____	

ANNUAL FEE SCHEDULE	
\$300	6 or more Total Employees
\$200	0 to 5 Total Employees or Mobile
\$150	Day Care (13 or more children)
NO FEE	Exempt (IRS verification)
\$50	Late Fee (include in remittance)

NOTE: THE TOTAL NUMBER OF EMPLOYEES SHALL NOT EXCEED THE NUMBER CHECKED ABOVE THROUGHOUT THE DURATION OF THE PERMIT. NOTIFY THE HEALTH DEPARTMENT IMMEDIATELY IF EMPLOYEES INCREASE. A ADDITIONAL FEE WILL BE REQUIRED.