



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 and work roster.** 3. Return with fee to GCHD

ESTABLISHMENT <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: _____ Send permit and renewal notice to: <input type="checkbox"/> Establishment <input type="checkbox"/> Owner	OWNER Name _____ Address: _____ City: _____ State: _____ Zip: _____ Tel: _____ Fax: _____ APPLICANT'S NAME Signature: _____ Print: _____ Date: _____
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TYPE OF OPERATION
Restaurant, Cafeteria
School
Convenience Store
Grocery
Mobile
Concession
Day Care (13 or more children)
Nursing Home/Assisted Living
Snow Cone (No other foods)
Bed & Breakfast
Catering

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: • Ice handlers • Bar persons • Dishwashers • Day care workers • Cooks • Bus persons • Delivery drivers • Nursing home workers • Butchers, bakers • Wait staff • Concession workers • Food sampling workers			Total Handlers
TOTAL EMPLOYEES (add Total Managers and Total Handlers)			

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 postmarked 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.

ANNUAL FEE SCHEDULE	
\$300	6 or more Total Employees
\$200	0 to 5 Total Employees
\$200	Mobile Food Unit
\$150	Child Care Facility (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 PRORATED PERMIT FEE MAY BE REQUIRED.	

HEALTH DEPARTMENT USE ONLY	
RECEIPT NO: _____	PERMIT MAILED: _____
DATE PAID: _____	PERMIT POSTED: _____
ANNUAL FEE: _____	PERMIT EXPIRES ON: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
LATE FEE: _____	
INITIALS: _____	