

FANNIN COUNTY HEALTH DEPARTMENT

101 East Sam Rayburn Drive-Ste 101; Bonham, Texas 75418 / Tel 903-583-7455 / Fax 903-583-7811

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 FCHD)

ESTABLISHMENT <input type="checkbox"/> Renewal <input type="checkbox"/> New owner <input type="checkbox"/> Name or location change	OWNER
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____	Tel: _____ Fax: _____
General Manager: _____	APPLICANT'S NAME : _____ Cell : _____
E-Mail: _____	Signature: _____
Send permit and renewal notice to: <input type="checkbox"/> Establishment <input type="checkbox"/> Owner	Print: _____ Date: _____

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">TYPE OF OPERATION</th></tr> <tr><td>Restaurant or Cafeteria</td></tr> <tr><td>School</td></tr> <tr><td>Convenience Store</td></tr> <tr><td>Grocery</td></tr> <tr><td>Mobile</td></tr> <tr><td>Concession or Carry Out</td></tr> <tr><td>Day Care (13 or more children)</td></tr> <tr><td>Nursing Home</td></tr> <tr><td>Snow Cone (No other foods)</td></tr> <tr><td>Bed & Breakfast</td></tr> <tr><td>Other:</td></tr> </table>	TYPE OF OPERATION		Restaurant or Cafeteria	School	Convenience Store	Grocery	Mobile	Concession or Carry Out	Day Care (13 or more children)	Nursing Home	Snow Cone (No other foods)	Bed & Breakfast	Other:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">DAY AND TIME OF OPERATION</th></tr> <tr><td>Mon</td></tr> <tr><td>Tue</td></tr> <tr><td>Wed</td></tr> <tr><td>Thur</td></tr> <tr><td>Fri</td></tr> <tr><td>Sat</td></tr> <tr><td>Sun</td></tr> </table>	DAY AND TIME OF OPERATION		Mon	Tue	Wed	Thur	Fri	Sat	Sun	<p style="text-align: center;">*EMPLOYEE PERMITS (This section must be completed)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Food Managers: All certified managers shall be registered with the Fannin County Health Dept. By law, a registered manager shall be on duty during each shift.</td> <td style="width: 10%;">Fannin County Health Dept Permit #.</td> <td style="width: 20%;">Total Managers</td> </tr> <tr> <td>Names: (LIST ADDITIONAL MANAGERS ON BACK) _____</td> <td>Expires: _____</td> <td></td> </tr> <tr> <td colspan="2">Food Handlers: Any full or part-time person handling food or food equipment, examples:</td> <td>Total Handlers</td> </tr> <tr> <td colspan="2"> <ul style="list-style-type: none"> • 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 </td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">TOTAL EMPLOYEES (add Total Managers and Total Handlers)</td> </tr> <tr> <td colspan="3" style="text-align: center;">PLEASE PROVIDE COPY OF PERMIT CARDS</td> </tr> </table>	Food Managers: All certified managers shall be registered with the Fannin County Health Dept. By law, a registered manager shall be on duty during each shift.	Fannin 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:		Total Handlers	<ul style="list-style-type: none"> • 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 EMPLOYEES (add Total Managers and Total Handlers)			PLEASE PROVIDE COPY OF PERMIT CARDS		
TYPE OF OPERATION																																										
Restaurant or Cafeteria																																										
School																																										
Convenience Store																																										
Grocery																																										
Mobile																																										
Concession or Carry Out																																										
Day Care (13 or more children)																																										
Nursing Home																																										
Snow Cone (No other foods)																																										
Bed & Breakfast																																										
Other:																																										
DAY AND TIME OF OPERATION																																										
Mon																																										
Tue																																										
Wed																																										
Thur																																										
Fri																																										
Sat																																										
Sun																																										
Food Managers: All certified managers shall be registered with the Fannin County Health Dept. By law, a registered manager shall be on duty during each shift.	Fannin 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:		Total Handlers																																								
<ul style="list-style-type: none"> • 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 EMPLOYEES (add Total Managers and Total Handlers)																																										
PLEASE PROVIDE COPY OF PERMIT CARDS																																										

LIQUID WASTE TRANSPORTER: _____

PEST CONTROL APPLICATOR INFORMATION: _____

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 FCHD. \$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: <div style="border: 1px solid black; width: 100px; height: 30px; display: inline-block;"></div>
LATE FEE: _____	
INITIALS: _____	

ANNUAL FEE SCHEDULE	
\$250	6 or more Total Employees
\$150	0 to 5 Total Employees
\$50	Late Fee (include in remittance)
NO FEE	Exempt (IRS verification)

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.

EMAIL QUESTIONS TO:
HEALTHINSPECTOR@FANNINCO.NET