

PERMIT #:

MADISON COUNTY  
REGULATORY LICENSING UNIT  
RETAIL FOOD OPERATION PERMIT APPLICATION  
(Health and Safety Code, Chapter 437)

Return both the completed application and non-refundable fee to:

Madison County  
101 West Main, Suite B10  
Madisonville, Texas 77864  
Contact: Don Grooms  
936-348-3780 Fax  
936-349-6148 Cell

If you are a childcare center, school food establishment, roadside food vendor (mobile food store), or mobile unit, contact this office at 936-349-6148 for the correct application.

Name Under Which Business is Conducted (DBA): \_\_\_\_\_

Physical Address to be Licensed: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone # at address: \_\_\_\_\_ Is physical address within the city limits?  Yes  No

Exemptions  
from Retail

permitting:  Non-Profit as a 501(C) organization. Please sign, date and return application.

**FEE SCHEDULE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP**

Fees for food service establishments and retail food stores are based on the gross annual volume of food sales. Mark the appropriate volume category and remit fee accordingly. Fee amounts will be verified with the Texas Comptroller of Public Accounts.

**GROSS ANNUAL VOLUME OF FOOD SALES**

- Food Establishment-** any place where food is prepared and intended for individual portion service. This includes the site at which individual portions are provided for consumption on or off the premises and regardless of whether there is a charge for the food, bed & breakfasts with >7 rooms, restaurants, bars, cafes, snack bars, hospitals that serve food to the general public, correctional facilities (jails) that contract with professional food management corporations for food preparation, privately-owned correctional facilities, etc.
- Retail Food Store-** a food establishment or section of an establishment where food and food products are offered to the consumer and intended for off-premise consumption. This includes delicatessens that offer prepared food in bulk quantities only, grocery stores, markets, etc.

\$ 0.00 - \$49,999.99 -- \$150.00 PER YEAR  
 \$ 50,000.00-\$149,999.99 -- \$260.00 PER YEAR  
 \$150,000.00- OR MORE -- \$390.00 PER YEAR

**FEES ARE NON-REFUNDABLE**

**Late Fee -** A person who files a renewal application after the expiration date must pay an additional \$100.00

**ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.**

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

\_\_\_\_\_  
Signature

OWNER  
 PARTNER  
 PRESIDENT  
 CORPORATE DESIGNEE / AGENT

\_\_\_\_\_  
Date

Printed Name & Title  
EF23-10597 07/17/08

**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

- New** - Start Date of Regulated Activity: \_\_\_\_\_
- Change of Ownership (Including legal entity)** [previous owner: \_\_\_\_\_ Effective Date: \_\_\_\_\_]  
Change of ownership (including change of legal entity) requires submission of a new application and fee as listed on Page 1. The effective date of change becomes the new anniversary date.
- Amended** -  Change of Location [previous location: \_\_\_\_\_ ] Enter the date the change was effective  
 Change of Name [previous name: \_\_\_\_\_ ] Date: \_\_\_\_\_  
 Other: \_\_\_\_\_

Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application and fee as listed on Page 1. The current expiration date remains in effect.

- Renewal** - Renewals are valid from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**
- Notice that firm is out of business.** Date: \_\_\_\_\_  **Not required to license/permit**  
Sign and date. Return for deletion from our records. Reason: \_\_\_\_\_

<b>RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS</b>			
A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters; or for the manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence.			
<i>*Residence address, driver's license number, and date of birth are only required of drug, device, and/or certificate of authority applicants</i>			
Name & Title	*Residence Address	*Driver's License Number	*Date of Birth

<b>BUSINESS HOURS OF OPERATION:</b> _____ m. to _____ m.
--

<b>WEBSITE/ INTERNET ADDRESS:</b> http://www._____
--

**BILLING INFORMATION** (The license/permit and/or courtesy renewal notice will be sent to the following):

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Name of Application Preparer (Contact Person): \_\_\_\_\_

Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_

Fax Number of Application Preparer (Contact Person): \_\_\_\_\_

E-mail Address of Application Preparer: \_\_\_\_\_

**ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED. Please allow 2-4 weeks for processing.**

**For assistance in completing this application, please call 936-349-6148**

Please address any **correspondence** to:  
 Don Grooms  
 Inspector: Retail Food Establishments  
 101 W. Main, Suite B10  
 Madisonville, Texas 77864

**LICENSE/ PERMIT HOLDER INFORMATION:** Complete the required ownership information.

Legal name of company must be identical to the name on your State Tax Payer's Identification on file with the Texas Comptroller of Public Accounts.

Legal Name \_\_\_\_\_ Tax Payer ID # or Charter # \_\_\_\_\_ Outlet # \_\_\_\_\_

Mailing Address of Licensed Establishment \_\_\_\_\_ City and State \_\_\_\_\_ Zip \_\_\_\_\_

\* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor?  Yes  No  
(If yes, please attach a statement explaining the conviction.)

*\*Residence address, driver's license number, and date of birth are only required of drug, device, and/or certificate of authority applicants*

**INCLUDE A COPY OF YOUR DRIVER'S LICENSE**

**SOLE OWNER / PROPRIETORSHIP**

Name \_\_\_\_\_ \*Residence Address \_\_\_\_\_ \*Drivers License Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

**PARTNERSHIP**       **LP**       **LLP**       **LTD**

Name of Partnership \_\_\_\_\_ Effective Date of Partnership \_\_\_\_\_

Name \_\_\_\_\_ \*Residence Address \_\_\_\_\_ \*Drivers License Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ \*Residence Address \_\_\_\_\_ \*Drivers License Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ \*Residence Address \_\_\_\_\_ \*Drivers License Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

**ASSOCIATION**

Name \_\_\_\_\_ \*Residence Address \_\_\_\_\_ \*Drivers License Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ \*Residence Address \_\_\_\_\_ \*Drivers License Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

**CORPORATION**       **LLC**

Name of Corporation \_\_\_\_\_ Date and Place of Incorporation \_\_\_\_\_

President=s Name \_\_\_\_\_ \*Residence Address \_\_\_\_\_ \*Drivers License Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Officer=s Name \_\_\_\_\_ \*Residence Address \_\_\_\_\_ \*Drivers License Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Officer=s Name \_\_\_\_\_ \*Residence Address \_\_\_\_\_ \*Drivers License Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Name of Registered Agent \_\_\_\_\_ \*Residence Address \_\_\_\_\_ Telephone Number \_\_\_\_\_