



# Hardin County Health Department

## Food Permit Application

P.O. Box 820/1135 Redwood, Kountze, Texas 77625

409-209-5359 [info.healthinspections@co.hardin.tx.us](mailto:info.healthinspections@co.hardin.tx.us)

Name of Business: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City

Zip

Mailing Address: \_\_\_\_\_

City

State

Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

DOB: \_\_\_\_\_ Expiration: \_\_\_\_\_

Tax Identification No: \_\_\_\_\_

Estimated Date to Open: \_\_\_\_\_

**Please check one:**

New

Remodel or Addition

Change of Ownership

**Please check one:**

\_\_\_ Restaurant \_\_\_ Cafeteria \_\_\_ Fast Food \_\_\_ Deli/Bakery

\_\_\_ Bar/Club \_\_\_ Supermarket \_\_\_ Convenience Store

\_\_\_ Continental Breakfast/Hotel \_\_\_ Non-Profit \_\_\_ Day Care/Sr. Center

\_\_\_ Snow Cone/Beverage \_\_\_ Multiple Unit Operation \_\_\_ Other

**License Fee; see risk assessment:**

Low Risk ..... \$100.00 (TCS foods, non-cooking)

Medium Risk ..... \$200.00 (minimal cooking)

High Risk ..... \$300.00 (full kitchen)

High Risk..... \$350.00 (super stores)

Child or Sr. Center ..... \$300.00

Non-Profit .....\$ 0.00

**Establishment Operation Details**

|                           |        |        |         |           |          |        |          |
|---------------------------|--------|--------|---------|-----------|----------|--------|----------|
| <b>DAYS</b> of Operation  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| <b>HOURS</b> of Operation |        |        |         |           |          |        |          |

**Food Type (American, Italian, Mexican, etc.):** \_\_\_\_\_

**Maximum Meals/Persons to be Served per day**

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Total \_\_\_\_\_

Number of Certified Food Managers on staff: \_\_\_\_\_ Number of kitchen staff: \_\_\_\_\_

What language(s) are spoken by the:

Owner: \_\_\_\_\_ Kitchen Staff: \_\_\_\_\_ Certified Food Managers: \_\_\_\_\_

**\*All kitchen staff must have a food handler certification**

**Water, Sewage and Plumbing**

Is the water source public  or private ?

If public, what is the name of the Municipal Utility District (MUD)? \_\_\_\_\_

Is the sewage disposal public  or private ?

Enter information for type of **Hot Water Heater** used:

**Gas:** tank size \_\_\_\_\_ BTU's \_\_\_\_\_

**Electric:** tank size \_\_\_\_\_ Total kW \_\_\_\_\_

**Tankless:** Make and Model: \_\_\_\_\_

Will a circulating pump or booster heaters be used? \_\_\_\_\_

Number of 3-compartment sink basin dimensions: \_\_\_\_\_ 3-Compartment sink basin dimensions: \_\_\_\_\_

3-compartment sinks: \_\_\_\_\_ Number of mop/service sinks: \_\_\_\_\_

Will a clothes washer be used? \_\_\_\_\_ Will a dish machine be used? \_\_\_\_\_

For each **prep sink**, indicate **type** (Vegetable, meat, seafood, ect.) and **number of compartments**

|              |  |  |
|--------------|--|--|
| Prep sink #1 |  |  |
| Prep sink #2 |  |  |
| Prep sink #3 |  |  |

**Will any of the following processes be conducted: (Yes or No)**

Mobile Food Units supplied, cleaning onsite, or water and waste services provided? \_\_\_\_\_

Bare Hand Contact? \_\_\_\_\_

Non-continuous cooking? \_\_\_\_\_

Sous Vide? \_\_\_\_\_

Reduced Oxygen Packaging? \_\_\_\_\_

Vacuum Packaging? \_\_\_\_\_

Foods pickled or acidified before service? \_\_\_\_\_

Food smoked or cured onsite? \_\_\_\_\_

Custom processing of raw meat in the establishment? \_\_\_\_\_

Live molluscan shellfish tank? \_\_\_\_\_

Sprouting seeds or beans in the establishment? \_\_\_\_\_

If the answer was **Yes** to any of the above items, please provide a plan that details the food and process involved:

---

---

---

---

**\*\* A complete menu or list of food to be served must be submitted.**

**\*\* The floor plan and food service equipment schedule must be submitted.**

**I, the owner/registered agent of this establishment, certify that the above information is true and accurate as of the date of this application.**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date issued: \_\_\_\_\_ Date to expire: \_\_\_\_\_ Permit # \_\_\_\_\_ Fee: \_\_\_\_\_

Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check/Mo. Order \_\_\_\_\_ Invoice \_\_\_\_\_

\_\_\_\_\_ [https://govpay.net/hardin\\_co\\_tx\\_health](https://govpay.net/hardin_co_tx_health) - We accept all major credit cards online or in office

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Hardin County Health Inspector