

RETAIL FOOD INSPECTIONS

PO BOX 461 / Bonham, TX 75418 / Tel 903-819-0211 / healthinspector4FC@proton.me
Serving Bonham, Honey Grove, Leonard, Ravenna, Trenton, Telephone and the unincorporated areas of Fannin County

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. Submit Forms & Fee by mailing or request link for online payment.

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| 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: _____ |

| TYPE OF OPERATION |
|--------------------------------|
| Restaurant, Cafeteria |
| School |
| Convenience Store |
| Grocery |
| Mobile |
| Concession, 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 | |

| *EMPLOYEE PERMITS (This section must be completed) | | |
|--|--|----------------|
| Food Managers: All certified managers shall be <u>registered</u> with Fannin County-\$25 for duration of FM permit. By law, a registered manager shall be on duty during each shift. | Registered in Fannin County? | Total Managers |
| Names: (LIST ADDITIONAL MANAGERS ON BACK) _____ Expires: _____ _____ Expires: _____ _____ Expires: _____ _____ Expires: _____ | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no | |
| 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) | | |
| PLEASE PROVIDE COPY OF PERMIT CARDS FOR ALL EMPLOYEES | | |

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| LIQUID WASTE TRANSPORTER NAME: _____ Date grease trap was last pumped: _____ TCEQ No. _____ |
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| ANNUAL FEE SCHEDULE | |
|---------------------|----------------------------------|
| \$300 | 6 or more Total Employees |
| \$200 | 0 to 5 Total Employees |
| \$200 | Day Care (13 or more children) |
| \$100 | Inspection Fee |
| \$50 | Late fee (include in remittance) |

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. \$30 fee for returned checks. No Refunds.

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

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

| |
|--|
| MAKE CHECKS PAYABLE TO: AMANDA BROGDON |
| NOTE: THE TOTAL NUMBER OF EMPLOYEES SHALL NOT EXCEED THE NUMBER CHECKED ABOVE THROUGHOUT THE DURATION OF THE PERMIT. NOTIFY THE HEALTH INSPECTOR IMMEDIATELY IF EMPLOYEES INCREASE. A ADDITIONAL FEE WILL BE REQUIRED. |