



# FOOD ESTABLISHMENT PERMIT APPLICATION

COMMUNITY SERVICES DEPARTMENT 504 North Queen Street, Palestine, Texas 75801

Phone: 903-731-8435 Fax: 903-731-840 www.cityofpalestinetx.com

**ALL APPLICATIONS MUST BE SUBMITTED 7 DAYS PRIOR TO THE EVENT**

Name of Business/DBA: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address (applicant): \_\_\_\_\_

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

Manager or Person in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of Principal Officers if this is a Corporation: \_\_\_\_\_

Texas State Sales Tax Number: \_\_\_\_\_

### Type of Food Establishment to be permitted including permit fee (check all that apply)

**Retail Food Stores** (grocery stores, bakeries, delis, food manufacturing facilities, lounges, clubs, wholesale grocery, and jail facilities.)

- less than 1,000 square feet \$100
- 1,001 to 5,000 square feet \$125
- over 5,000 square feet \$150

### Permanent Food Establishments

- up to 25 seats \$100
- 26-50 seats \$125
- more than 50 seats \$150

### Temporary Food Establishments (Permit valid for 14 consecutive days upon approval)

- Festival \$60
- Carnival \$100
- Mobile Food Unit \$100
- Farmers Market \$10

Complete all that apply below:

Location: \_\_\_\_\_ Dates of Operation: \_\_\_\_\_

Vehicle Year Model: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License plate #: \_\_\_\_\_ State: \_\_\_\_\_ Vin #: \_\_\_\_\_

Provide and attach a current copy an inspection report of Central Preparation Facility (mobile units): \_\_\_\_\_

Provide and attach a current copy of Food Handlers Certificate: \_\_\_\_\_

### Other Food Service Establishments

- Child Care Facility \$100
- Public School \$100
- Foster/Group Homes \$25

Number of Care Recipients: \_\_\_\_\_

**The Food Establishment Permit Fees shown above are due upon application submittal and expire at the end of each calendar year and must be renewed at the beginning of each year. Upon receipt of the Food Establishment Permit, the permit must be displayed in public view inside the food establishment.**

The information herein provided is accurate and correct. I hereby allow the Health Inspector to inspect my premises, personnel, equipment, utensils, products and environs to ensure the above mentioned laws, rules and ordinances are in compliance. I have been informed that permits and licenses are not transferable from one person to another nor from one location to another, that plans must be submitted for new or extensively remodeled establishments and that no person shall operate a food establishment without meeting the Health and Sanitation rules and ordinances adopted by the City of Palestine. I understand that any violation of the aforementioned laws, rules or ordinances is a misdemeanor punishable by said law. I have been informed and received a copy of the requirements.

Signature of Applicant

Date