



FANNIN COUNTY RETAIL FOOD INSPECTIONS

PO BOX 461 / Bonham, TX 75418 / Health Inspector / Tel 903-819-2985 or 903-819-2769 / healthinspector@fanninco.net
 Serving Bonham, Honey Grove, Leonard, Ravenna, 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. Pay Fee

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: _____	Cell : _____
E-Mail: _____	Signature: _____
Send permit and renewal notice to: <input type="checkbox"/> Establishment <input type="checkbox"/> Owner	Print: _____ Date: _____

TYPE OF OPERATION	DAYS AND TIMES OF OPERATION	*EMPLOYEE PERMITS <i>(This section must be completed)</i>		
Restaurant, Cafeteria	Mon	Food Managers: All certified managers shall be <u>registered</u> with Fannin County - \$25 each for duration of FM Permit - By law, a registered manager shall be on duty during each shift.	Registered in Fannin County ?	Total Managers
School	Tue		Names: (LIST ADDITIONAL MANAGERS ON BACK) _____ Expires: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
Convenience Store	Wed	_____ Expires: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	
Grocery	Thur	_____ Expires: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	
Mobile	Fri	_____ Expires: _____	<input type="checkbox"/> yes <input type="checkbox"/> no	
Concession, Carry Out	Sat	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	
Day Care (13 or more children)	Sun			
Nursing Home		TOTAL EMPLOYEES (add Total Managers and Total Handlers)		
Snow Cone (No other foods)		PLEASE PROVIDE COPY OF PERMIT CARDS FOR ALL EMPLOYEES		
Bed & Breakfast				
Other:				

LIQUID WASTE TRANSPORTER NAME: _____

Date grease trap was last pumped: _____ TCEQ No. _____

ANNUAL FEE SCHEDULE	
\$300	6 or more Total Employees
\$200	0 to 5 Total Employees
\$150	Day Care (13 or more children)
\$150	Snow Cone (no other foods)
NO FEE	Exempt (IRS verification)
\$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: _____	PERMIT EXPIRES ON: 		
LATE FEE: _____			
INITIALS: _____			

**MAKE CHECKS PAYABLE TO:
AMANDA BROGDON, R.S.**

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. AN ADDITIONAL FEE WILL BE REQUIRED.