PLANNING DEPARTMENT

3295 Bob Rogers Drive, Eagle Pass, Texas 78852 ● Phone: (830) 773-7781 ● Fax: (830) 773-7803

Food Establishment Business Permit Application

APPLICATION AND/OR PERMIT FEES ARE NON-REFUNDABLE (Application Fee $150 per year; $50 re-inspection fee)

Please indicate reason for application:

○ New Establishment ○ Renewal ○ Name Change

○ Change of Ownership (Date of Change_____)

Permit applied for:

○Food (Restaurant) ○Produce ○Caterer ○Tortilla Manufacturer ○Retail Food Store

○Meat Market ○Bakery ○Vending (Food Beverage) ○Mobile Food Unit

○Bar/Lounge/Tavern

Facility Information

Facility Name: _____ Address:_____

Maverick County Appraisal District Property Information Number:_____

If change of ownership, previous facility name:_____

Facility Mailing Address (if different from location address):_____

Facility Billing Address (if different from location address):_____

Sales Tax ID No. (Must have prior to submission of this application.) _____

Mobile Units – VIN Number or other identification number:_____

Food Manager's Certificate? ○ Y ○ N **If Yes, Name & Number**:_____

Hours of Operation: _____

Number of Employees: _____

Facility Contact Information

Facility Contact Person:_____ Position:_____

Telephone #:_____ Fax:_____ Cell_____

Email Address:_____

Facility Owner Information

Legal Owner type: ◯ Association ◯ Corporation ◯ Individual ◯ Partnership ◯ Other Legal Entity

Association, Corporation, Partnership Name: _____

Legal Owner Name: _____ Legal Owner Phone No.: _____

Legal Owner Mailing Address: _____

Registered Agent (if required): _____

Acknowledgement

In making application for a permit to operate food establishment, I understand and agree to comply with all articles and sections of the City Health Ordinances and all other City, State, and U. S. Public Health Service Laws that may govern the conduct or operation of particular establishment or business. I further understand that this form is merely an application and it is not to be considered as a permit. The permit, when issued to an individual who is responsible in daily attendance at the establishment listed above.

I attest to the accuracy of the information provided, affirm to comply with the Food Regulations and will allow the regulatory authority access to the establishment during any reasonable time to inspect, conduct tests or collect samples as required.

Applicants Signature: _____ Date: _____

Applicant Name (printed): _____ Phone: _____

Mailing Address: _____

FOR OFFICE USE ONLY

Date Received: _____ Permit Fee: _____ Received by: _____

Amount: _____ Late Fee: _____

Anniversary Date: _____ Grease Trap: (Y) ____ (N) ____

Plans: _____ preparation of food, food storage, and food sale areas.

Public Health Unit
3295 Bob Rogers Drive
Eagle Pass, Texas 78852
OFFICE 830-773-7781 or FAX 830-773-7803
OPEN 8:00 am to 5:00 pm Monday thru Friday