# CITY OF NORTH RICHLAND HILLS
# HEALTH PERMIT APPLICATION

## GENERAL INFORMATION

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|---|---|---|---|
| DATE: | ESTABLISHMENT NAME: | | STREET ADDRESS OF ESTABLISHMENT: |
| NAME OF VENDOR / OWNER / CORPORATION: | | | NAME OF MANAGER/REPRESENTATIVE: |
| ADDRESS OF OWNER / CORPORATION: | CITY / STATE / ZIP: | | EMAIL ADDRESS: / AFTER HOURS PHONE NUMBER: |
| BUSINESS PHONE NUMBER: | DRIVERS LICENSE NUMBER (PROVIDE A COPY): | CELL PHONE NUMBER: | BILLING ADDRESS: |
| EMERGENCY CONTACT: | EMERGENCY CONTACT NUMBER: | EMERGENCY CONTACT CELL: | EMERGENCY CONTACT EMAIL ADDRESS: |

## PERMIT INFORMATION

A. HOURS OF OPERATION (HOURS / DAYS): _____

B. ON-SITE DINING: _____ YES _____ NO

C. MALE & FEMALE RESTROOMS: _____ YES _____ NO

RESTROOMS ACCESSIBLE TO PUBLIC: _____ YES _____ NO

D. GREASE TRAP SIZE (GALLONS) _____

E. ALCOHOL SALES: _____ YES _____ NO

GAMING MACHINES PERMIT INFORMATION: 817-427-6060

F. CERTIFICATE OF OCCUPANCY PERMIT NUMBER: _____

PLANNING & INSPECTIONS: 817-427-6300, FIRE DEPT. 817-427-6900

G. NEW FACILITY: _____ YES _____ NO

PLANS, MENU, EQUIPMENT/FINISH SCHEDULE REQUIRED

H. CHANGE OF OWNERSHIP: _____ YES _____ NO

I. STATE-APPROVED CERTIFIED FOOD MANAGER: _____

CERTIFICATION NUMBER: _____

**A HEALTH INSPECTION IS REQUIRED & ALL NOTED CORRECTIONS MUST BE MADE PRIOR TO OBTAINING HEALTH APPROVAL FOR THE CERTIFICATE OF OCCUPANCY. NO FOOD IS ALLOWED IN A FACILITY WITHOUT HEALTH DEPARTMENT APPROVAL.**

**ALL EMPLOYEES MUST OBTAIN ACCREDITED FOOD HANDLER CARDS WITHIN 30 DAYS OF HIRE.**

**PERSON IN CHARGE MUST BE A CERTIFIED FOOD MANAGER (CFM). OWNERS, MANAGERS, & WORKERS ARE SUBJECT TO CITATION FOR WORKING WITHOUT FOOD HANDLER/FOOD MANAGER CERTIFICATION. CFM MUST BE POSTED IN PUBLIC VIEW.**

## PRIORITY CLASSIFICATION/FEE CALCULATION.

**Fees due after Certificate of Occupancy issued and before serving to the public.**

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| **Low Priority:** | Pre-packaged and non TCS foods | **$275.00** |
| **Medium Priority:** | Limited handling: groceries, produce market, sandwich shop, ice cream, bakery, pizza, bars, candy stores. | **$406.00** |
| **High Priority:** | Extensively handling: full service restaurant, fast food, deli, seafood, or fresh meat market, caterer. | **$476.00** |
| **Elevated Priority:** | Serves a highly susceptible population, i.e. hospital, nursing home, or assisted living; operates 24 hours/day super buffet; or other condition that requires elevated inspection frequency. | **$546.00** |

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| **LOW PRIORITY HEALTH PERMIT** | **$275.00** | _____ |
| PRORATED LOW PRIORITY PERMIT | $137.50 | _____ |
| **MEDIUM PRIORITY HEALTH PERMIT** | **$406.00** | _____ |
| PRORATED MEDIUM PRIORITY PERMIT | $203.00 | _____ |
| **HIGH PRIORITY HEALTH PERMIT** | **$476.00** | _____ |
| PRORATED HIGH PRIORITY PERMIT | $238.00 | _____ |
| **ELEVATED PRIORITY HEALTH PERMIT** | **$546.00** | _____ |
| PRORATED ELEVATED PRIORITY PERMIT | $273.00 | _____ |
| **TOTAL FEES** | | |

**NOTE: All permits expire annually on November 30th. Priority Fees are reduced 50% (prorated) after May 1 of each year.**

"I hereby certify that the foregoing information is true and correct to the best of my knowledge."

NAME(Printed): _____ DATE_____ SIGNATURE: _____