COMMUNITY DEVELOPMENT 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 Fees: 10 or less employees $150 per year, 11-20 employees $200 per year, 21 or more employees $250 per year; Re-inspection fee $50)*

Please indicate reason for application:

☐ New Food Establishment ☐ Renewal ☐ Name Change

☐ Change of Ownership (Date of Change _____)

Permit applied for:

☐ Food (Restaurant) ☐ Retail Food Store ☐ Meat Market ☐ Bakery ☐ Tortilla Manufacturer ☐ Nursing Home Kitchen

☐ Hotel-Restaurant ☐ Mobile Food Unit ☐ Caterer ☐ Bar/Lounge/Tavern

Facility information

Facility Name: _____Address: _____

If change of ownership, previous facility name: _____

Maverick county appraisal district property information number: _____

Facility mailing address (if different from location address): _____

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

Mobile Units: - VIN Number or other identification Number: _____

Sales Tax ID # or EIN # (must have prior submission of this application):_____

Information for food establishment plan review

***For Renewal Applications Only**: Applicants must submit a copy of the current Food Manager Certification, Food Handler Certifications, and their Sales Tax ID # or EIN #*

The Following Items Must be Included:

☐ Floor Plan ☐ Complete proposed menu ☐ Food Managers Certificate ☐ Will there be any special processes:

☐ Yes ☐ No (*HACCP plan required for vacuum packaging, curing, smoking, ROP, shellfish tanks, sprouting, using food additives (e.g., vinegar) for shelf-stability) If yes, Explain:* _____

Food Operation Information

Days/Hours of operation: _____

Total number of employees full and part time: _____

Type of service (Check all that apply):

☐ Sit down meals ☐ Take out/Delivery ☐ Catering ☐ Buffet/Self-service ☐ Outdoor service area ☐ Soda Dispenser Machine ☐ Full-service bar ☐ Food packaging ☐ Pre-Packaged TCS Food Only ☐ Other: _____

Physical Facilities *(New establishment or remodeling only)*

Food Storage: will a walk-in-cooler be provided? ☐ Yes ☐ No / will a walk-in-freezer be provided? ☐ Yes ☐ No / please indicate the # of Cold Holding Units _____ and # of frozen storage units ____

Warewashing facilities: Type of warewashing to be used:

☐ Manual: Identify the length, width and depth of the compartments of the 3 – compartment sink: _____ / Will the largest pot/pan fit into each compartment? ☐ Yes ☐ No If no, what will be the procedure for manual cleaning and sanitizing of the items that will not fit into sink compartments? _____

What sanitizer will be used: ☐ Chlorine ☐ Iodine ☐ Quaternary Ammonium ☐ Hot Water / Identify type of drying space: ☐ Drainboards ☐ wall-mounted or overhead shelves ☐ stationary or portable racks

☐ Mechanical: Identify the make and model of the dishwasher: _____

What type of sanitizer will be used? ☐ Chemical ☐ Hot water / Will ventilation be provided? ☐ Yes ☐ No

Identify type of drying space: ☐ Drainboards ☐ wall-mounted or overhead shelves ☐ stationary or portable racks

Handwashing Facilities: (Indicate number and location) ____ Food Preparation ____ warewashing area
Type of hand drying device? ☐ Disposable Towels ☐ Hand drying Device
Toilet Facilities: shared for employees and customers: ☐ Yes ☐ No / Hot and cold water provided? ☐ Yes ☐ No
Dressing Rooms and Employee Accommodations: dressing rooms are provided? ☐ Yes ☐ No
Backflow Prevention: Will all potable water sources be protected for backflow? ☐ Yes ☐ No / Are all floor drains identify on the submit floor plan? ☐ Yes ☐ No
Sewage Disposal: Will Grease traps / Interceptors be provided? ☐ Yes ☐ No Capacity (Gall): _____ *Identify on plan
Sewage Disposal: Mop basin/ service sink provided? ☐ Yes ☐ No *Identify on plan
Water Supply: Is Ice made on premises or purchases commercially? ☐ Made on site ☐ Purchased / Will there be ice bagging operation? ☐ Yes ☐ No
Pest Control: Will all outside door be self-closing and rodent proof? ☐ Yes ☐ No / Will screens be provided on all entrances left open to the outside? ☐ Yes ☐ No ☐ NA / Will insect control devices be used? ☐ Yes ☐ No ☐ NA / Will air curtains be used? ☐ Yes ☐ No ☐ NA / Will all openable windows have a minimum #16 mesh screening? ☐ Yes ☐ No ☐ NA
Refuse: Will refuse/Garbage be stored inside? ☐ Yes ☐ No If yes, where:_____
Identify where garbage cans and floor mats will be cleaned: _____
Will a dumpster or compacter be used? ☐ Dumpster ☐ Compacter ☐ NA / *Identify locations of grease storage containers on plan
Hot water: Three compartment sink minimum temperature 110 F / Handwashing sinks minimum temperature 85 F

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 # _____
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.

Applicant Signature: _____ Date: _____
Applicant Name (printed): _____ Phone: _____
Mailing Address: _____ Email Address: _____

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Date Received: _____ Permit Fee: _____ Received by: _____
Late Fee *(10% for each month past due)*: _____ ☐ Operating a food establishment without a permit $150 in addition to permit fee
Total: _____