



FOOD ESTABLISHMENT PERMIT APPLICATION

Town of Fairview
HEALTH & FOOD SAFETY
372 Town Place
Fairview, TX 75069
Main: 972.562.0522 Fax: 972.548.0268
Email: permits@fairviewtexas.org
Updated 11/06/2019

Permit #: _____

Application Date: _____

This application **MUST** be completed before any **Health Permit** is issued.

TYPE OF BUSINESS: _____ RESTAURANT (\$400.00) _____ GROCERY STORE (\$400.00) _____ CONCESSION (\$100.00)
_____ CONVENIENCE STORE (\$400.00) _____ CATERING (\$400.00) _____ SCHOOL (\$0.00) _____ MOBILE VENDOR (\$500.00)
_____ **OTHER** _____

****PLEASE INDICATE PREFERRED MAILING ADDRESS BY CHECKING NEXT TO _____ BUSINESS NAME OR _____ OWNER****

BUSINESS NAME: _____
(NAME OF ESTABLISHMENT LOCATED IN FAIRVIEW)

CONTACT PERSON: _____

STREET ADDRESS: _____ **CITY:** FAIRVIEW **STATE:** TX **ZIP:** 75069
(Physical Street Address location in FAIRVIEW)

TELEPHONE: (_____) _____ - _____ **EMAIL:** _____

PLEASE LIST NAME OF CORPORATE OFFICER/CORPORATION/OWNER, INCLUDING THEIR COMPLETE ADDRESSES BELOW:

CORPORATE OFFICER/CORPORATION/OWNER: _____

STREET ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____

Please answer the following questions below:

Has/Will the menu of offered foods change? _____ If so, please attach updated menu.

Hours/Days of Operation: _____

Smoking is prohibited within a food establishment (Fairview Code of Ordinances 6.03.003 (a)(4)). Will there be a proposed smoking area provided outdoors? _____ (Food establishments must comply with the Town of Fairview Smoking Ordinance. For details, please contact the Building Inspections Dept at (972) 886-4209).

Grease Interceptor Size: _____ / _____ GAL/LB Location: _____

Contracted Servicing Company: _____

The Health Ordinance requires all grease interceptors be serviced at least four (4) times each year.

Are you considering allowing a 3rd party sublet/caterer to use this establishment's kitchen facilities? _____
(Reminder: 3rd party sublets/caterers are required to operate under a separate Food Establishment Permit.)

Reminder: One (1) Certified Food Manager is required to be present in the establishment during all operations.

COPY OF FOOD HANDLER CERTIFICATION IS REQUIRED WITH HEALTH PERMIT SUBMITTAL

All information in this application, and any required addendums or attached sheets, is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable city ordinances or state laws.

Applicant Name(printed)

Signature

Date



Health Submittal Checklist

A. New Construction / Extensive Remodel / Change of Food Type:

- Food service details including dumpster enclosure and full floor plan with all equipment depicted. Food service includes outside caterers, places of worship and daycare centers – including those that serve only juice or water and/or dry snacks.

Note: food service areas must be segregated.

- Identify each room with function and purpose, including staff lounge and break rooms.
- Equipment and fixture schedules. Include each piece of counter-top equipment used in food service. Except where only pre-packaged, individual portioned items are offered and approved, a three-compartment sink is required.
- Satellite areas, outdoor areas, bar/equipment and elevations must be depicted.
- Manufacturer's specification sheets of all equipment. (Refrigeration for all children's meals in a daycare setting must be commercial grade, i.e. NSF approved).
- Finish schedules of all areas
- Grease interceptor calculations and proposed location
- Water heater calculations
- Above ground grease waste storage container location, where applicable
- Reflected ceiling plan
- Bare Hand Contact policy (if used). Bare hand contact with ready-to-eat foods is prohibited if serving a highly susceptible population.
- Full menu depicting Consumer Advisory-disclosure and reminder locations (not applicable for establishments serving a highly susceptible population)
- Completed "Food Establishment Permit Application" submitted with correct fees and copy of Food Manager Certification

B. Existing Food Establishment with Modifications / Purchase of Vacant Food Establishment:

ALL EXISTING AND NEW EQUIPMENT, FINISHES & FIXTURES MUST BE LABELED AS 'NEW' OR 'EXISTING'.

- Food service details including full floor plan with all equipment and fixtures depicted. Identify all food service areas, bars, outdoor areas, storage, and ware washrooms
- Manufacturer's specification sheets of all proposed new equipment.
- Finish schedules of all areas
- Grease interceptor size and location identified

- Water heater size if existing is to be used (Submit GPH and KW-BTU)
- Where applicable, note above ground grease waste storage container location
- Where applicable, submit Bare Hand Contact policy. Bare hand contact with ready to eat foods is prohibited if serving a highly susceptible population.
- Full menu depicting Consumer Advisory-disclosure and reminder locations (not applicable for establishments serving a highly susceptible population).
- Completed "Food Establishment Permit Application" submitted with correct fees and copy of Food Manager Certification.

C. Change of Owner ONLY (occupied, no Modifications, no Change of Food Type):

Submit B.1. (above), with a "Food Establishment Permit Application", fees, and a copy of "Food Manager Certification" with the Certificate of Occupancy Application.

Note: Other information may be required. Health & Food Safety's Submittal Requirements (above) are in addition to information required by the Building Inspections Division.

If you have any additional questions or concerns, please feel free to contact our Health Inspector, Julie Fernandez by phone or email

Phone: 214-436-3592

Email: jstallcup@msn.com