



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