



# 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](mailto: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:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**CORPORATE OFFICER/CORPORATION/OWNER:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**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.

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 \_\_\_\_\_