



CITY OF DECATUR, TEXAS

1601 S State St. Bldg. C Decatur, TX 76234

Phone: 940-393-0371 or 940-393-0250 * email: jcohoon@decaturtx.org

APPLICATIONS THAT ARE INCOMPLETE, NOT LEGIBLE, AND/OR REQUIRED DOCUMENTATION OR FEE IS INCORRECT OR MISSING WILL NOT BE PROCESSED AND WILL BE RETURNED
NEW PERMITS ARE ACCESSED BASED ON FOOD PREPERATION AS DETERMINED BY THE HEALTH OFFICER (PERMITS ARE NOT PRORATED)

New Retail Food Establishment Permit Checklist

PLEASE CHECK ALL BOXES AS THEY ARE COMPLETED

- Retail Food Establishment Food Permit Application
 - Application
 - Copy of Proposed Menu
 - Ownership Information includes:
 - Texas State Sales Tax Information and Tax ID Number
 - Corporation – include name of Registered Agent in Texas
 - Partnership – List of ALL partner’s names and addresses
(Use a separate piece of paper if necessary)
 - Non-Profit – Must provide Tax Exempt Paperwork
- Certified Food Manager Permit Application
 - Application
 - Copy of the Certificate of Completion for Food Manager
 - Copy of Certified Food Manager’s valid Government Issued Photo Id
- Permit Processing Fees for:
 - Retail Food Establishment Food Permit (**Fees are based on Food Preparation as determined by the Health Officer.**)
 - No Food Preparation..... \$200.00
 - Light Food Preparation..... \$300.00
 - Heavy Food Preparation..... \$400.00
 - Non Profit Day Cares / Public Schools \$150.00
 - Certified Food Manager Permit..... \$ 0.00
 - Late Fee..... \$ 50.00**
- I have reviewed the checklist and all submittals for completeness and accuracy
- I attest that the above information has been provided
- If application submittal is determined to be incomplete, additional fees may be assessed

I understand any permit granted from this application may be revoked for cause. Failure to comply with the City of Decatur rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or false or misleading information provided on this application, shall be deemed cause for revocation of the Food Establishment Permit and CLOSURE of the establishment.

Print Name

Signature

Position/Title

Date



CITY OF DECATUR, TEXAS

1601 S State St. Bldg. C Decatur, TX 76234
Phone: 940-393-0371 or 940-393-0250 * email: jcohoon@decaturtx.org

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED
NOT LEGIBLE, AND/OR REQUIRED DOCUMENTATION OR FEE IS INCORRECT AND/OR MISSING
NEW PERMITS ARE ACCESSED AT THE HIGHEST FEE (PERMITS ARE NOT PRORATED)

RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION
Permit #
Permit Fee: \$
Late Fee: \$
Total Fee Collected: \$

ESTABLISHMENT TYPE [] FOOD ESTABLISHMENT includes HOTELS & HOSPITAL [] NON-PROFIT DAYCARE / PUBLIC SCHOOL

PERMIT TYPE [] NEW ESTABLISHMENT [] RENEWAL [] MOBILE FOOD UNIT

FOOD ESTABLISHMENT INFORMATION Name of Establishment:
Establishment's Physical Address:
Establishment's Local Mailing Address:
Manager of Establishment: Phone: Email:
Certified Food Manager:

OWNERSHIP INFORMATION TEXAS STATE SALES TAX OR TAX ID NUMBER (Required):
[] Non Profit (Must Provide Tax Exempt Paperwork)

[] Sole Owner / Proprietorship Name:
Residence Address:
Phone: Email address:

[] Partnership [] LP [] LLP [] LTD Name of Partnership:
Partnership Address:
Phone: Email Address:
Partner Name:
Partner Name:

[] Corporation [] LLC Corporation Name:
Date and Place of Incorporation
Corporation Address:
President Name:
Officer's Name:
Officer's Name:
Name of Registered Agent:

Mailing address
If different from above:
Contact Person: Title:
Phone: Fax: Email:

I understand any permit granted from this application may be revoked for cause. Failure to comply with the City of Decatur rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or false or misleading information provided on this application, shall be deemed cause for revocation of the Food Establishment Permit and CLOSURE of the establishment.

Print Name Signature Position / Title Date



CITY OF DECATUR, TEXAS

1601 S. State Street Bldg. C
Phone 940-393-0371 or 940-393-0250 ★ email: jcohoon@decaturtx.org

CFM/CPO Registration #:

Amount Paid: \$ _____

Received by: _____

CERTIFIED FOOD MANAGER OR CERTIFIED POOL OPERATOR REGISTRATION

<input type="checkbox"/>	Certified Food Manager - per calendar year	\$ 0.00
<input type="checkbox"/>	Certified Pool Operator - per calendar year	\$ 0.00

Registration Information

(Please check the boxes that documentation has been included)

- Copy of Certificate of Completion
- Copy of valid Government Issued Photo I.D.

Certificate of Completion & Valid Government Issued Photo Id Must be attached

- Registration is required annually
- Please notify our office of any change in:
 - Address
 - Telephone Number
 - Establishment/Facility your registration is assigned to changes

Information: (Select one)	<input type="checkbox"/> Certified Food Manager	<input type="checkbox"/> Certified Pool Operator
----------------------------------	---	--

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Cell: _____

Certificate Issued By: _____

Date of Issuance: _____ Expiration Date: _____

Establishment or Facilities License Holder is responsible for:

➤ **Certified Pool Operators & Certified Food Managers provide a list of establishments in the City of Decatur you are responsible for:**

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Print Name of License Holder

Signature

Date