



City of Angleton Health Department

121 S. Velasco St. Angleton, TX. 77515

(979) 849-4364 Office (979) 848-5665 Inspections Fax # (979) 849-5561

Application for Retail Food Permit

The Undersigned hereby makes application for:

Number of Employees: _____

- Food Service Establishment
- Tavern / Bar
- Limited Use
- Non-Profit

- Retail Food Store
- Child Care Center
- Group Residence
- Liquor Store / Other

*****This form must be completed in its entirety to be accepted.***** Please type or write legibly all information. A check, cash or money order must accompany this application. A credit card may be used to pay, but must have the Credit Card Authorization form if mailed in to the City. A current Driver's License of the Owner/Responsible Party must be provided and a copy kept on file. All new or recently renovated construction must have detail prints of buildings and equipment submitted with this application. **NO APPLICATION WILL BE APPROVED WITHOUT A DRAWING LAYOUT.** There will be no refunds once this application is submitted. Change in ownership requires a new permit application to go with the new ownership. **The City of Angleton requires that a Certified Food Manager must be on duty at all times during operating hours. Please submit proof of certification for all Certified Managers.**

Name of Establishment: _____

Physical Address: _____

Establishment Mailing Address: _____

Business Owner: _____

Business Owner Address _____

Business Owner Contact #: _____

Business Owner E-mail: _____

Building Owner: _____

Address of Building Owner: _____

Building Owner Contact #: _____

Building Owner E-mail: _____

Alternate Emergency Contact: _____

Alternate Emergency #: _____

By signing below, I/we agree to abide by all Health/Food Establishment Rules and Regulations as set forth by the State of Texas and the City of Angleton. A copy of the signees Driver's License will be obtained and retained for record.

Signature of Business Owner(s)/Responsible Party(s)

_____ Date: _____

ACKNOWLEDGMENT

STATE OF TEXAS

COUNTY OF BRAZORIA

CITY OF ANGLETON

Before me, the undersigned authority, on this day personally appeared

Known to me to be the person(s) whose name(s) is/are signed to the foregoing application and duly sworn by me, each states under oath that he/she has read the said application and that all facts therein set forth are true and correct.

Sworn to before me, this the _____ day of _____ 20_____.

Seal

Notary

A copy of this completed Application must be retained by the establishment and readily available for review by Health Inspectors. This application will expire one (1) year for date issued. A fee sheet is provided below; fees are due at the time application is presented.

Annual Food Establishment Permit Fees:

Fees are based on the total number of part time and or full time employees

1-6	employees	\$200.00
7-15	Employees	\$250.00
16-25	Employees	\$300.00
26-35	Employees	\$350.00
36-50	Employees	\$400.00
51-75	Employees	\$450.00
76-100	Employees	\$500.00
101-150	Employees	\$550.00
151+	Employees	\$600.00

Licensed Day Care Facilities:

1-20	Children	\$150.00
21-30	Children	\$175.00
31-50	Children	\$200.00
51-75	Children	\$225.00
76-100	Children	\$250.00
101-150	Children	\$275.00
151-200	Children	\$300.00
201-250	Children	\$325.00
251-300+	Children	\$350.00