

Permit Fee: \_\_\_\_\_

Approved by/Date: \_\_\_\_\_ / \_\_\_\_\_

Permit # \_\_\_\_\_



# Food Establishment

## Health Permit Application - City of Alvin Health Department

1100 West Highway 6 ♦ Alvin, Texas 77511 ♦ (281) 388-4353 ♦ Fax (281) 331-7516

Establishment's Name: \_\_\_\_\_  
 Establishment's Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant's D L #: \_\_\_\_\_ DL State: \_\_\_\_\_

Type of Establishment:	Annual Fee:
Large Establishment (10,000 sq. ft. or more)	\$468.75
Medium Establishment (<10,000 sq ft & >1,000 sq. ft.)	\$250.00
Small Establishment (<1,000 sq ft)	\$125.00
Child Care Center (12 or more children)	\$150.00
Group Residence	\$150.00

### Please Submit the following information with the Application:

Annual Fee - (to be renewed each year) - Check or Money Order only. Please place your driver's license # on your check.
Copy of Certified Food Manager's License

### Owner of this Establishment:

Company (DBA): \_\_\_\_\_ Tax ID# \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

*Please print - email will be used for informational purposes only. You will not receive spam emails from the City of Alvin.*

### Person Directly Responsible for this Establishment: (On Site Manager, etc.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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**The information provided on this application is accurate. This establishment agrees to comply with the Codes adopted by the City of Alvin and is aware of the right to access to the Regulatory Authority as specified within the Health Codes.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### **\*\*Note: Must attach a copy of a current Food Manager Certificate.\*\***

*There must be a certified Food Manager **on staff** at each establishment. (per City Ordinance)*

*All Employees must have a Food Handler Certification by September 1, 2016.*

**LICENSE/PERMIT HOLDER INFORMATION:** Complete the required ownership information.

Legal name of company must be identical to the name on your State Tax Payers Identification on file with the Texas Comptroller of Public Accounts.

Legal Name Tax Payer ID # or Charter # Outlet #

Mailing Address of Licensed Establishment City and State Zip

\* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor?  Yes  No  
(If yes, please attach a statement explaining the conviction.)

**SOLE OWNER / PROPRIETORSHIP**

Name \*Residence Address \*Drivers License Number \*Date of Birth

**PARTNERSHIP  LLP**

Name of Partnership Effective Date of Partnership

Name \*Residence Address \*Drivers License Number \*Date of Birth

Name \*Residence Address \*Drivers License Number \*Date of Birth

Name \*Residence Address \*Drivers License Number \*Date of Birth

**ASSOCIATION**

Name \*Residence Address \*Drivers License Number \*Date of Birth

Name \*Residence Address \*Drivers License Number \*Date of Birth

**CORPORATION  LLC**

Name of Corporation Date and Place of Incorporation

President's Name \*Residence Address \*Drivers License Number \*Date of Birth

Officers Name \*Residence Address \*Drivers License Number \*Date of Birth

Officers Name \*Residence Address \*Drivers License Number \*Date of Birth

Name of Registered Agent \*Residence Address Telephone Number

