



Gillespie County Health Division

Retail Food Permit Application

Initial, Renewal, or Change of Ownership

Return both the completed application and **non-refundable** fee to:

Mailing Address:
126 West Main St.
Fredericksburg, TX 78624

Physical Address:
1906 N. Llano St.
Fredericksburg, TX 78624

Permit #: _____
RETAIL 26.01

1. Complete in Full:

Name of Business: _____ Telephone Number: _____

Location Address: _____
Address City/State Zip Code

Mailing Address: _____
Address City/State Zip Code

Email Address: _____

Permit Contact: _____ Email: _____ Telephone Number: _____

Owner: _____ Email: _____ Telephone Number: _____

2. Certified Food Manager (if applicable) **Yes** **No**

CFM Name: _____ CFM Expiration: _____

A certified food protection manager shall be present at the food establishment during all hours of operation as required in Food Code, § 2-101.11 and § 2-102.12.

Failure to have a CFM present at your establishment will result in a Notice of Violation or suspension of your food permit.

3. Profile:

Hours of Operation: _____ Days Open: _____ # of Employees (including part time): _____

VERIFICATION: Application for a permit to operate does not guarantee that a permit will be granted. Permit approval is based upon compliance with State and local health ordinances. Permits are non-transferable. Failure to comply with State and local health ordinances could result in revocation of permit and closure of the establishment. Permits are not transferable and expire annually on December 31st. No prorating of permit for those paid out of cycle.

In making application for a HEALTH PERMIT which is necessary to operate my business, I understand and agree to comply with all Gillespie County Health Division city and county ordinances, and State laws that may govern the conduct or operation of my business.

NOTE: EXPIRATION / REVOCATION OF PERMIT SUBJECTS FACILITY TO IMMEDIATE CLOSURE.

Signature

Date

Printed Name and Title

Office Use Only:

Payment Method: _____ Credit Card Check

Other _____ Fee: _____ Date: _____ Permit Issued: _____