

BASTROP COUNTY ENVIRONMENTAL & SANITATION SERVICES

RETAIL FOOD OPERATION PERMIT APPLICATION

*(Texas Health and Safety Code, Chapter 437)*

Return completed application and check or money order fee payable to: Bastrop County, at the Environmental and Sanitation Office – Food Services, 211 Jackson Street, Bastrop, Texas 78602. For additional permitting assistance call (512) 581-7176.

*FAILURE TO PROVIDE ALL INFORMATION WILL DELAY PERMIT*

**BUSINESS INFORMATION:**

Name Under which business is conducted (DBA Copy): \_\_\_\_\_

Business Owner Name(s): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Sales Tax I.D # (Copy): \_\_\_\_\_

Physical Location: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address City Zip Code

Mailing Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address City Zip Code

Phone number at site: \_\_\_\_\_

Other phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Type of Permit for a Retail Food Operation

- \_\_\_\_\_ Food Service Establishment
- \_\_\_\_\_ Retail Food Store
- \_\_\_\_\_ Institutional Food Service
- \_\_\_\_\_ Roadside Food Vendor
- \_\_\_\_\_ Amended Application
- \_\_\_\_\_ Change of Ownership: Name of previous owner \_\_\_\_\_
- \_\_\_\_\_ Change of Location: Effective date of change \_\_\_\_\_
- \_\_\_\_\_ Change of Name: Previous name \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

Retail Food Operation Information

Proposed Open Date: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

List of all foods to be sold: \_\_\_\_\_

\_\_\_\_\_

Number of employees (include management, family and owners): \_\_\_\_\_

Number of employees that have Food Manager’s Certification (Copy): \_\_\_\_\_

Fee Schedule  
(CREDIT CARD, CHECK OR MONEY ORDER ONLY)

Retail Food Establishment

- \_\_\_\_\_ \$150.00 for 1 – 5 employees (including management, family and owners)
- \_\_\_\_\_ \$250.00 for 6 – 10 employees (including management, family and owners)
- \_\_\_\_\_ \$300.00 for 11 + employees (including management, family and owners)

Exemptions

- \_\_\_\_\_ Non-Profit – *Include copy of 501(C) and return with application*
- \_\_\_\_\_ Other: \_\_\_\_\_

*VERIFICATION:* I swear or affirm that the above statements are true and correct. I further certify by signature hereon, that I am not currently delinquent in the payment of any Corporation Franchise Taxes owed the State of Texas under Chapter 171, Tax Code; nor am I delinquent in the payment of any Child Support owed under Chapter 232, Family Code. I further certify that I have read and understood the applicable provisions of 25 TAC, Chapter 229 and Chapter 437 of the Health and Safety Code and agree to abide by them.

\_\_\_\_\_  
Signature of Owner, Partner, President,Date  
Or Corporation Designee (cannot be manager)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name