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:

Business Owner Name(s):

Driver’s License Number: Date of Birth:

Physical Location: / /

 Address City Zip Code

Mailing Address: / /

 Address City Zip Code

Phone number at site:

Other phone number:

 Fax 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 type of foods to be sold:

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

Number of employees that have Food Manager’s Certification:

Fee Schedule

(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 Date

Or Corporation Designee (cannot be manager)

Print Name