



# FOOD ESTABLISHMENT PERMIT APPLICATION

**Town of Fairview**  
**HEALTH & FOOD SAFETY**  
 372 Town Place  
 Fairview, TX 75069  
 Main: 972.562.0522 Fax: 972.548.0268  
 Updated 2/10/2011

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

Application Date: \_\_\_\_\_

This application MUST be completed before any Health Permit is issued. NEW FOOD ESTABLISHMENTS, and ESTABLISHMENTS UNDERGOING CHANGE IN OWNERSHIP, CONCEPT, or NAME must also submit a completed ADDENDUM TO FOOD ESTABLISHMENT PERMIT APPLICATION.

**\*\*PLEASE INDICATE WHICH ADDRESS IS THE PREFERRED MAILING ADDRESS\*\***

TYPE OF BUSINESS:  RESTAURANT (\$400.00)  GROCERY STORE (\$400.00)  CONCESSION (\$100.00)  TEMPORARY (\$100.00)  
 CONVENIENCE STORE (\$400.00)  CATERING (\$400.00)  SCHOOL (\$0.00)  MOBILE VENDOR (\$500.00)  
 OTHER \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_  
 (NAME OF ESTABLISHMENT LOCATED IN FAIRVIEW)

**CONTACT PERSON:** \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: FAIRVIEW STATE: TX ZIP: 75069  
 (Physical Street Address location in FAIRVIEW)

TELEPHONE: (\_\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**OWNER (INDIVIDUAL OR CORPORATION):** \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**PLEASE LIST NAMES OF CORPORATE OFFICERS, INCLUDING THEIR COMPLETE ADDRESSES BELOW:**

(1) CORPORATE OFFICER: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

(2) CORPORATE OFFICER: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

All information in this application, and any required addendums or attached sheets, is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable city ordinances or state laws.

Applicant Name \_\_\_\_\_ (printed) Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only:*  
 Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Receipt Number \_\_\_\_\_ Cash \_\_\_\_\_ Check #: \_\_\_\_\_



# ADDENDUM TO FOOD ESTABLISHMENT PERMIT APPLICATION

**This form MUST be completed for any NEW FOOD ESTABLISHMENT, OR ANY FOOD ESTABLISHMENT UNDERGOING CHANGE IN OWNERSHIP, CONCEPT OR NAME.**

\*APPLICANTS RENEWING WITH NO CHANGES DO NOT HAVE TO COMPLETE THIS PAGE \*

**Application Date:**

**Proposed Opening / Reopening Date:**

\_\_\_\_\_

\_\_\_\_\_

This Food Establishment is undergoing the following: *(Check all that apply.)*

\_\_\_\_ New Food Establishment Change of Ownership

\_\_\_\_ Change of Name

\_\_\_\_ Change of Concept

**NAME OF ESTABLISHMENT:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

1. Has/Will the menu of offered foods change? \_\_\_\_\_ If so, please attach updated menu.
2. Hours/Days of Operation: \_\_\_\_\_
3. Smoking is prohibited within a food establishment (Fairview Code of Ordinances 6.03.003 (a)(4)). Will there be a proposed smoking area provided outdoors? \_\_\_\_\_ *(Food establishments must comply with the Town of Fairview Smoking Ordinance. For details, please contact the Building Inspections Division at (972) 562-0255 ex 239).*
4. Grease Interceptor Size: \_\_\_\_\_ / \_\_\_\_\_ GAL/LB Location: \_\_\_\_\_  
Contracted Servicing Company: \_\_\_\_\_  
The Health Ordinance requires all grease interceptors be serviced at least four (4) times each year.
5. Are you considering allowing a 3<sup>rd</sup> party sublet/caterer to use this establishment's kitchen facilities? \_\_\_\_\_ *(Reminder: 3<sup>rd</sup> party sublets/caterers are required to operate under a separate Food Establishment Permit.)*
6. Reminder: One (1) Certified Food Manager is required to be present in the establishment at all times of operation.