



**CITY OF DECATUR, TEXAS**

1601 S State St. Bldg. C Decatur, TX 76234

Phone: 940-393-0250

Inspection Lines: 940-393-0259 \* Fax: 940-626-4629 email: [development@decaturtx.org](mailto:development@decaturtx.org)

**APPLICATIONS THAT ARE INCOMPLETE, NOT LEGIBLE, AND/OR REQUIRED DOCUMENTATION OR FEE IS INCORRECT OR MISSING WILL NOT BE PROCESSED AND WILL BE RETURNED**

**NEW PERMITS ARE ACCESSED BASED ON FOOD PREPERATION AS DETERMINED BY THE HEALTH OFFICER (PERMITS ARE NOT PRORATED)**

## New Retail Food Establishment Permit Checklist

**PLEASE CHECK ALL BOXES AS THEY ARE COMPLETED**

- Retail Food Establishment Food Permit Application
  - Application
  - Ownership Information includes:
    - Texas State Sales Tax Information and Tax ID Number
    - Corporation – include name of Registered Agent in Texas
    - Partnership – List of ALL partner’s names and addresses  
(Use a separate piece of paper if necessary)
    - Non-Profit – Must provide Tax Exempt Paperwork
  - Copy of the Proposed Menu
- Certified Food Manager Permit Application
  - Application
  - Copy of the Certificate of Completion for Food Manager
  - Copy of Certified Food Manager’s valid Government Issued Photo Id
- Permit Processing Renewal Fees for:
  - Retail Food Establishment Food Permit  
**(As determined by the Health Officer)**
    - No Food Preparation..... \$200.00
    - Light Food Preparation..... \$300.00
    - Heavy Food Preparation..... \$400.00
    - Non Profit Day Cares / Public Schools** ..... \$150.00
    - Certified Food Manager Permit..... \$ 10.00
    - Late Fee (For ALL renewals that are received after December 31<sup>st</sup>)..... \$ 50.00**
- I have reviewed the checklist and all submittals for completeness and accuracy
- I attest that the above information has been provided
- If application submittal is determined to be incomplete, additional fees may be assessed

I understand any permit granted from this application may be revoked for cause. Failure to comply with the City of Decatur rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or false or misleading information provided on this application, shall be deemed cause for revocation of the Food Establishment Permit and CLOSURE of the establishment.

Print Name

Signature

Position/Title

Date



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RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

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

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

Late Fee: \$ \_\_\_\_\_

Total Fee Collected: \$ \_\_\_\_\_

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED NOT LEGIBLE, AND/OR REQUIRED DOCUMENTATION OR FEE IS INCORRECT AND/OR MISSING NEW PERMITS ARE ACCESSED AT THE HIGHEST FEE (PERMITS ARE NOT PRORATED)

ESTABLISHMENT TYPE [ ] FOOD ESTABLISHMENT includes HOTELS & HOSPITAL [ ] NON-PROFIT DAYCARE / PUBLIC SCHOOL

PERMIT TYPE [ ] NEW ESTABLISHMENT [ ] RENEWAL [ ] MOBILE FOOD UNIT

FOOD ESTABLISHMENT INFORMATION Name of Establishment: \_\_\_\_\_

Establishment's Physical Address: \_\_\_\_\_

Establishment's Local Mailing Address: \_\_\_\_\_

Manager of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Certified Food Manager: \_\_\_\_\_

OWNERSHIP INFORMATION TEXAS STATE SALES TAX OR TAX ID NUMBER (Required): \_\_\_\_\_

[ ] Non Profit (Must Provide Tax Exempt Paperwork)

[ ] Sole Owner / Proprietorship Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Address City State Zip

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

[ ] Partnership [ ] LP [ ] LLP [ ] LTD Name of Partnership: \_\_\_\_\_

Partnership Address: \_\_\_\_\_ Address City State Zip

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Partner Name: \_\_\_\_\_ Name Residence Address City State Zip

Partner Name: \_\_\_\_\_ Name Residence Address City State Zip

[ ] Corporation [ ] LLC Corporation Name: \_\_\_\_\_

Date and Place of Incorporation

Corporation Address: \_\_\_\_\_ Address City State Zip

President Name: \_\_\_\_\_ Name Residence Address City State Zip

Officer's Name: \_\_\_\_\_ Name Residence Address City State Zip

Officer's Name: \_\_\_\_\_ Name Residence Address City State Zip

Name of Registered Agent: \_\_\_\_\_ Name Residence Address City State Zip

Obtain Food Establishment Permit by: [ ] Pick up [ ] Mail - Please note local mailing address ONLY (Physical Address or P.O. Box)

Mailing address If different from above: \_\_\_\_\_ Street City State Zip

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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<p><b>CFM/CPO Registration #:</b></p> <p>_____</p> <p>Amount Paid: \$ _____</p> <p>Received by: _____</p>
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**CERTIFIED FOOD MANAGER OR CERTIFIED POOL OPERATOR REGISTRATION**

<input type="checkbox"/>	<b>Certified Food Manager</b> - per calendar year	\$ 10.00
<input type="checkbox"/>	<b>Certified Pool Operator</b> - per calendar year	\$ 10.00

**Registration Information**

*(Please check the boxes that documentation has been included)*

- Copy of Certificate of Completion
- Copy of valid Government Issued Photo Id

**Certificate of Completion & Valid Government Issued Photo Id Must be attached**

- Registration is required annually
- Please notify our office of any change in:
  - Address
  - Telephone Number
  - Establishment/Facility your registration is assigned to changes

<b>Information:</b> (Select one)	<input type="checkbox"/> Certified Food Manager	<input type="checkbox"/> Certified Pool Operator
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Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Certificate Issued By: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Establishment or Facilities License Holder is responsible for:**

➤ **Certified Pool Operators & Certified Food Managers provide a list of establishments in the City of Decatur you are responsible for:**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

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Print Name of License Holder

Signature

Date