FOR OFFICE USE

Received:	_____	**Paid On:**	_____	**Check #:**	_____	**Amount:**	_____	**Receipt**	_____
Initial:	_____	**Issue On:**	_____	**Expires On:**	_____	**Permit:**	_____	**Juris:**	**COA / TC / ILA**

AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
P.O. BOX 142529 Austin, TX 78714
Phone (512) 978-0300 Email: ehsd.service@austintexas.gov
http://www.austintexas.gov/department/food-establishment-requirements
Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

Food Enterprise: Operational Permit Application

Business Information

Note: Incomplete applications will not be processed and will be returned

Business Name: _____ **Org Type:** **( )** Corporation **( )** LLC **( )** Partnership **( )** Proprietorship

Physical Address: _____
Street (include Suite/Unit) City State Zip Code

Mailing Address: _____
Use the mailing address space to specify the address where you would like to receive Permits and Renewal Notifications.

Sq. Ft: _____ *Square Footage (Whole Facility)* **People Served:** _____ Total People Served per Week **Employees:** _____ Total (Fulltime/Part-time/Self)

Hours: _____ *Hours of Operation* **Water Provider:** _____ *Potable Water Provider* **Waste Water:** _____ Waste Water Disposal

Establishment Type: ***Food Service:*** ( ) Restaurant ( ) Bar ( ) Bed & Breakfast ( ) Child Care ( ) Hospital ( ) School ( ) Nursing Home ( ) Concession Stand ( ) Other_____
And Service Type: ( ) Seated ( ) Carryout ( ) Caterer

Retail Food: ( ) Supermarket ( ) Convenience Store ( ) Bakery ( ) Other _____

Food Product: ( ) Manufacturing ( ) Food Warehouse ( ) Other _____

Contact Information

Note: Print names as they appear on the Government Issued Photo ID(s) submitted

Business Owner: _____ **Date of Birth:** _____

Home Address: _____
Street City State Zip Code

Driver's License: _____ / _____ **Phone:** _____ **Email Address:** _____
ID# State (###) ### - ####

Responsible Party: _____ **Date of Birth:**_____
Last Name First Name Middle Name MM/DD/YYYY

Home Address: _____
Street City State Zip Code

Government ID / Driver's License: _____ **Phone:** _____ **Email Address:** _____
ID# State (###) ### - ####

CPF Information

Only required if operating as a Central Preparation Facility (CPF) for Mobile Food Vendors

Vendors Served: _____ *Mobile Food Vendors Using the Facility (#)* **WEIRS #** _____ *Grease Trap Permit Number* **Serving only ice cream vendors?** ( ) Yes ( ) No

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX
Make checks and money orders payable to: ATCHD or Austin/Travis County Health & Human Services
Debit cards not accepted. Credit cards not accepted for Travis County payments.

Refund requests will not be honored after 180 days from date of payment (CPF Registration fees are non-refundable)
Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email (ehsd.service@austintexas.gov) please note that an EHSD representative will contact you by phone to collect a credit card payment within 2 business days of submission.

_____
Applicant's Signature Print Name Date

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

Food Enterprise Application: Supplemental Information

Applying for a Permit

Applicants must submit all necessary paperwork/payments to the department and receive approval before obtaining a permit. Approval is based on compliance with State & Local Health Ordinances; application does not guarantee a permit will be granted. The application fee is refundable, upon request, within 180 days of payment, if the permit was not issued. For assistance call (512) 978-0300.

Applications must include:

1) A completed "Food Enterprise: Operational Permit Application" form
2) Ownership Documentation
3) Food Permit Fee (*See Fee Schedule Below*)

Permit Fee Schedule

(*Fees are based on the total number of employees working, at the establishment.*)

	City of Austin (and contracted municipalities*)		***Travis County***	
Food Enterprise Operational Permit	1 – 9 Employees	$456	1 – 15 Employees	$150
	10 – 25 Employees	$519	10 – 25 Employees	$250
	26 – 50 Employees	$580	26 – 50 Employees	$300
	51 – 100 Employees	$642		
	Over 100 Employees	$704		
Central Prep Facility Registration	[Non-refundable]	$50	No Fee Required	

*** Not limited to Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills**

Renewing a Permit

Permits expire one (1) year from the date issued. Prior to expiration, the department will mail a renewal notice to the mailing address listed on the application. The renewal form must be completed and returned to the department along with a payment for the permit renewal fee. Establishments that do not receive a notice are still responsible for completing the renewal application and submitting a renewal payment.

Terminology Definitions

Business Owner: Any entity or individual(s) that maintains full or partial ownership control over a food enterprise. See ownership documentation requirements for further clarification.

Responsible Party: Any individual(s) who ensures the food establishment operations/practices are in accordance with all food codes and ordinances. This individual(s) also assumes legal responsibility in all cases of non-compliance.

Food Establishment: The physical location in which food is prepared or served.

Food Service: These food establishments prepare food and/or serve 'open' food directly to the consumer. Establishment examples include Restaurant, Deli, Bar & Grill and Drive Thru.

Retail Food: These food establishments offer food directly to the consumer with an intention such that the food will be consumed off premises. Establishment examples include Convenience Store and Grocery Store.

Food Product: This type of food establishment packages, processes, and/or stores food for sale directly to other business entities and not individual consumers. Establishment examples include warehouse, wholesaler and distribution center.

Ownership Documentation

Proprietorship: Provide a date-stamped copy of the Certificate of Assumed Name.

General Partnership: On a separate page please provide the name, mailing address, residential street address, and business street address for each member of the partnership. Also provide a copy of the fully executed Partnership Agreement.

Limited Partnership: On a separate page please provide the name, mailing address, residential street address, and business address for each member of the partnership. Also provide a date-stamped copy of the Certificate of Limited Partnership.

Limited Liability Corporation (LLC): On a separate page please provide: 1) the name, mailing address, residential address, and percentage ownership for each member and 2) the name, mailing address, residential address for the registered agent. Provide a date stamped copy of the Certificate of Filing or Formation filed with the Secretary of State. Also include the Articles of Organization filed with the Secretary of State.

Corporation: On a separate page please provide: 1) the name, mailing address, residential street address, and business street address of each officer and 2) the name, mailing address, residential street address, business street address, service of process address, date of birth, and government ID (driver's license) for the director and the registered agent of the corporation or named person of responsibility. Also provide a date-stamped copy of the Articles of Incorporation filed with the Secretary of State and a certified copy of the corporate resolution authorizing the corporation to file an application pursuant to these rules and designating the officer authorized to execute the application.

Plan Review and Approval

Establishments conducting new/remodel construction must undergo a building plan review to assure specifications of the food preparation, storage, and sales areas of the proposed or existing food outlet meet applicable regulations. Plans must indicate the layout, equipment arrangement, mechanical plans, and construction materials of work areas and the type/model of proposed fixed equipment.

Establishments inside the Austin City Limits may submit plans in person or by mail at 505 Barton Springs Rd. 2nd Floor, Austin, TX 78704. Establishments outside the Austin City Limits may submit plans in person at: 1520 Rutherford Ln. 2nd floor, Austin, TX 78754 or by mail at: PO BOX 142529, Austin, TX 78714. Address all mail to: 'Environmental Health Services Division'.