FOR OFFICE USE Received:	Paid On:	Check #:	Amount:	Receipt
Initial:	Issue On:	Expires On:	Permit:	Juris: COA / TC / ILA



AUSTIN PUBLIC HEALTH ENVIRONMENTAL HEALTH SERVICES DIVISION P.O. BOX 142529 Austin, TX 78714

Austin Public Health

Phone (512) 978-0300 Email: ehstp://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 Unincorporated Travis County

stablishment Infor	mation	Note: Incomplete	applications will no	nt be processed and wil	ll be returned	
Establishment Name	e:			Employees: Total (Fulltime/Part-time/Self)		
Physical Address: _	Street (include Suite/	Unit)	City		State Zip Code	
Mailing Address:				ıld like to receive Permits ar	nd Renewal Notifications.	
Hours:	ration	Water Provider:		Waste Water:	:	
Hours of Oper	ration	Po	stable water Provider		waste water Disposal	
Establishment Type	: Retail Food:			Breakfast □ Child Care Supermarket □ Conven	•	
		□ Other				
	Food Product	• □ Manufacturing □ F	-ood Warehouse □	Other		
	7 000 1 100000	. Dirianalactaring Dir	— — — — — — — — — — — — — — — — — — —			
wnership Informat	tion Not	e: Print names as they	appear on the Gov	ernment Issued Photo	ID(s)	
Business Entity/Ow	ner:			Date of	f Birth:	
				•	torship Only MM/DD/YYYY	
Org Type: □ Corpora	ition □ LLC □ F	Partnership Proprieto	rship Note: Proof	f of ownership document	tation required (see page 2)	
Driver's License:		/ Phone:		Fmail Address		
For Proprietorship Only	ID#	State	(###) ### - ####	_ Liliali Address		
D						
Responsible Party:	Last Name	First Name	Middle	Date of	f Birth:	
					, = _,	
Mailing Address:	Ott	City		State	7:- 0-1-	
	Street	City		State	Zip Code	
Driver's License: _		/ Phone:		_ Email Address: _		
	ID#	State	(###) ### - ####			
pplying for a Perm	nit					
obtaining a permit. 142529, Austin, TX	Applications ca 78714. See Perr	in be submitted at the	walk-in location (e amount due. App	(1520 Rutherford LN)	ceive approval before or via mail at PO BOX pliance with State & Local	
Applications must inc	2)	Ownership Docun	nentation (see Ówn	ational Permit Applicati		
	3)	1 000 1 6111111 1 66	(See Fee Schedule	, on page 2)		
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

Permit Fee Schedule

Travis County Based on Number of Employees

1 – 15 Employees \$250 16 – 30 Employees \$275 Over 30 Employees \$300

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 Entity/ Any entity or individual(s) that maintains full or partial ownership control over a food enterprise. See

Business Owner: 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.

Retail Food: An operation that offers food and/or beverages directly to a consumer for either on-premises or off-

premises consumption. Establishment examples include, but are not limited to, restaurants, delis, bars,

convenience stores and grocery stores.

Food Product: An operation that manufactures, packages, labels or stores food and/or beverages and does not vend

directly to a consumer. These establishments solely wholesale their product to a third-party vendor for

sale to the end-user.

Ownership Documentation

Proprietorship: A date-stamped copy of the Certificate of Assumed Name

General Partnership: A copy of the fully executed **Partnership Agreement to** include the name of each member of the partnership and percentage ownership

Limited Partnership (LP): A date-stamped copy of the **Certificate of Limited Partnership t**o include the name of each member of the partnership and percentage ownership

Limited Liability Company (LLC): Articles of Organization (Formation documents) to include the name and percentage ownership for each member and the name for the registered agent. Date stamped copy of the **Certificate of Filing** or **Formation** filed with the **Texas Secretary of State**

Corporation (Inc): Articles of Incorporation (Formation documents) to include the name of each officer and the name for the director and the registered agent of the corporation or named person of responsibility. Date stamped copy of the **Certificate of Filing** or **Formation** filed with the **Texas Secretary of State.**

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'.

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order
Make checks and money orders payable to: Austin Public Health

The permit application fee is refundable upon request within 180 days from date of payment.

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