

Office Use Only

Permit # _____ Date Paid _____ Amt \$ _____ Check # _____
Received By _____ Receipt # _____ CO/CHOW ROW _____



**AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION**

PO Box 142529 Austin, Texas 78714
Phone: (512) 978-0300; Fax: (512) 978-0322

<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)

Application to Operate a Food Enterprise

() Food Service () Retail Food Store () Food Product

All items must be completed on this application before a permit will be issued. For assistance in completing this form call (512) 978-0300.
Application for a permit to operate does not guarantee a permit will be granted. Permit approval is based upon compliance with State & local health ordinances. In the event a permit is not issued, the permit fee may be refunded. No refunds for any reason after 180 days from receipt of payment.

PERMITS ARE NON-TRANSFERABLE.

This establishment is located within following jurisdiction (check one): () The City of Austin () Travis County outside of Austin City Limits **OR** in () an incorporated municipality in Travis County. Name _____

1. Establishment Name: _____

Establishment Address: _____ Zip: _____

Phone _____ Fax _____ E-mail _____

2. Owner's Name: _____ Phone: _____

Mailing Address: _____ Zip: _____

Date of Birth: _____ Driver's License State /Number _____

Ownership Type: (**Must include ownership papers to receive permit to operate**) () Corporation () LLC () Partnership () Proprietorship

3. Responsible Party Name: _____ Phone: _____

Mailing Address: _____ Zip: _____

Date of Birth: _____ Driver's License State /Number _____

4. Mail Permits/Renewals to: _____

Mailing Address: _____ Zip: _____

5. **FOOD SERVICE ESTABLISHMENT:** () Restaurant, () Bar, () Bed & Breakfast, Ext., () Child Care, () Hospital, () School, () Nursing Home, () Concession Stand, () Other _____ SERVICE TYPE: () Seated, () Carryout, () Caterer

6. **RETAIL STORE:** () Supermarket, () Convenience Store, () Bakery, () Other _____

7. **FOOD PRODUCT:** () Manufacturing, () Food Warehouse, () Other _____

8. Square footage: _____ Number of persons served per week: _____

9. POTABLE WATER PROVIDER _____

10. WASTEWATER DISPOSAL PROVIDER: _____

11. Total number of employees (Full and part-time including self): _____ Hours of operation: _____

Permits expire one year from date of issuance. Permit renewal forms mailed annually and are to be fully completed and returned with the permit fee.

Annual permit fees are based on the number of employees as follows:

City of Austin and contracted municipalities		Travis County	
1 to 9 employees	\$456	1 to 15 employees	\$150
10 to 25 employees	\$519	16 to 30 employees	\$250
26 to 50 employees	\$580	Over 30 employees	\$300
51 to 100 employees	\$642		
Over 100 employees	\$704		
Expired Permit Late Fee	\$95		

Fees payable to: Austin-Travis County Health and Human Services (ATCHHSD). Attach fee & Mail to: **EHSD • P.O. Box 142529 • Austin, TX 78714**

All information in this application is true and correct to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for shall be subject to all provisions of the orders and ordinances of Austin and Travis County, and shall be subject to all provisions of the codes, statutes and all rules adopted under the codes and statutes of the State of Texas governing food establishments, mobile food units and roadside food vendors

Applicant Signature

Print Name

Date



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INSPECTION FREQUENCY ANALYSIS – OPERATOR QUESTIONNAIRE

Check **YES** or **NO**

- 1. Is food served primarily to young children or the elderly?.....
- 2. Are any specialized processing methods utilized, such as using additives to render food non-potentially hazardous, par-cooking, Time as Public Health Control?.....
- 3. Is reduced oxygen packaging (ROP) proposed, such as vacuum packaging, sous vide, cook-chill, etc?.....
- 4. Are raw or undercooked meats or unpasteurized drinks/beverages offered?.....
- 5. What type of food is to be offered? (check one)
 - Only pre-packaged food items; i.e., sandwiches, milk, bacon, cookies, candy, etc)
 - Food requiring no cooking; i.e., sushi, cold-cut sandwiches, salads, scooped ice cream, processed fruit
 - Only reheating of self-serve commercially processed foods (hot dogs, sausage, taquitos, etc)
 - Foods requiring cooking from raw; i.e., soups, meats, fish, seafood, poultry, vegetarian dishes
- 6. How would you describe your food service facility process? (check one)
 - Storing, stocking or warehousing of receivables only
 - No cooking of raw or partially cooked product - only receiving, prepping, warming, hot or cold holding and service
 - Same-day-service involving receiving, prepping, cooking, holding and service
 - Full-service with cooking, cooling, extended hot/cold holding (more than 24 hrs), reheating and service
- 7. Within what geographic area is food to be distributed? (check one)
 - Local – distributed only within Travis County or sold directly to customers in Travis County
 - State – within Texas only
 - National or outside of Texas
- 8. If seated food/beverage dining or service, how many chairs? (check one)

9 or less 10 to 49 50 to 99 100 or more
- 9. If no seated dining or service, # of employees? (check one)

9 or less 10 to 49 50 to 99 100 or more

NOTE:

- The information provided by the applicant determines the number of times per year a food establishment is to be inspected and is subject to change if deviations from this information are observed by an Inspector from this Department during future inspections.
- The Food Enterprise Permit Application **will not** be processed if this questionnaire form is incomplete.

Applicant Signature

Print Name

Date

Food Enterprise Application Notes

1. Definitions

- a. **Food Establishment** means an operation that stores, prepares, packages, serves, or otherwise provides food for human consumption such as: a food service establishment; retail food store; satellite or catered feeding location; catering operation; if the operation provides food directly to a consumer or to a conveyance used to transport people; market; vending location; conveyance used to transport people; institution; or food bank; and that relinquishes possession of food to a consumer directly, or indirectly through a delivery service such as home delivery of grocery orders or restaurant takeout orders, or delivery service that is provided by common carriers.
- b. The term includes an element of the operation such as a transportation vehicle or a central preparation facility that supplies a vending location or satellite feeding location unless the vending or feeding location is permitted by the regulatory authority; and an operation that is conducted in a mobile, stationary, temporary, or permanent facility or location; where consumption is on or off the premises; and regardless of whether there is a charge for the food.
- c. **Food Service Establishment** means a food establishment where food is prepared and intended for individual portion service, and includes the site at which individual portions are provided.
- d. **Retail Food Store** means any food establishment or section of an establishment where food and food products are offered to the consumer and intended for off-premises consumption. The term includes delicatessens that offer prepared food in bulk quantities only.
- e. **Food Products Establishment** means a food operation in which food is processed, packaged, stored prior to distribution to other food establishments, or otherwise held for human consumption.

2. Ownership Documentation

- a. **Proprietorship.** Please provide a date-stamped copy of the Certificate of Assumed Name.
 - b. **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.
 - c. **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.
 - d. **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.
 - e. **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.
- 3. Plan Approval.** Prior to the issuance of a permit for new construction or extensively remodeled facility, a plan review must be conducted to assure the 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 and model of proposed fixed equipment.
- 4. Inspection Frequency Analysis Questionnaire Form.** This Food Enterprise Permit Application will not be processed if the "INSPECTION FREQUENCY ANALYSIS QUESTIONNAIRE" form is incomplete.