



# Fort Bend County Environmental Health Department Application for a Food Establishment Permit

4520 READING ROAD, SUITE A-800, ROSENBERG, TEXAS 77471

Fort Bend County, Texas

281-342-7469

www.fortbendcountytexas.gov

Application for (check one): Retail Food Establishment \_\_\_\_\_ Day Care \_\_\_\_\_ School \_\_\_\_\_

This is a: New Establishment \_\_\_\_\_ Change of Ownership \_\_\_\_\_

**ESTABLISHMENTS MUST RECEIVE WRITTEN AUTHORIZATION TO PROCEED BEFORE BEGINNING ANY CONSTRUCTION, REMODELING, OR CHANGE OF OWNERSHIP.**

All required documents and a list of **ALL** foods and beverages, with level of preparation, shall be submitted for review. Incomplete documents will not be accepted and will delay the review. A written "Authorization" will be issued when ALL PLAN REVIEW requirements of this Department have been satisfied. The Food Establishment Permit will be issued at FINAL APPROVAL when ALL INSPECTION requirements have been met and the facility is in FULL compliance with all requirements.

Name of Establishment: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Name of company or corporation: \_\_\_\_\_

Sole proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

Sales Tax Identification Number: \_\_\_\_\_

Name of Owner or Registered Agent (Individual): \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Owner Email: \_\_\_\_\_

Owner Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_ Home: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Work: ( ) \_\_\_\_\_ - \_\_\_\_\_

Total Square Footage of the Facility: \_\_\_\_\_

Development Permit #: \_\_\_\_\_ (Obtained through the FBC Engineering Department's permitting process)

**NOTE:** The owner on the sales tax certificate must match our records at all time. The owner of the business is responsible for knowing & adhering to all laws applicable to this operation. Failure to do so will result in enforcement actions up to and including closure of the facility and loss of the permit.

Signature of Owner \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

NO REFUNDS OR CREDITS. ALL TRANSACTIONS ARE FINAL.