



Hardin County Health Department

Food Permit Application

P.O. Box 820/1135 Redwood, Kountze, Texas 77625

409-617-4343 rejena.bolton@co.hardin.tx.us

Name of Business: _____

Owner/Manager: _____

Physical Address: _____

City

Zip

Mailing Address: _____

City

State

Zip

Phone: _____ Email: _____

Driver's License No: _____ State: _____

DOB: _____ Expiration: _____

Tax Identification No: _____

Estimated Date to Open: _____

Please check one:

New Remodel or Addition Change of Ownership

Please check one:

___ Restaurant ___ Cafeteria ___ Fast Food ___ Deli/Bakery
___ Bar/Club ___ Supermarket ___ Convenience Store
___ Continental Breakfast/Hotel ___ Non-Profit ___ Day Care/Sr. Center
___ Snow Cone/Beverage ___ Multiple Unit Operation ___ Other

License Fee; see risk assessment:

- Low Risk \$ 50.00 (non-cooking)
- Medium Risk \$100.00 (minimal cooking)
- High Risk \$175.00 (full kitchen)
- High Risk..... \$200.00 (super stores)
- Child or Sr. Center \$ 75.00
- Non-Profit\$ 0.00

Establishment Operation Details

DAYS of Operation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
HOURS of Operation							

Food Type (American, Italian, Mexican, etc.): _____

Maximum Meals/Persons to be Served per day

Breakfast: _____ Lunch: _____ Dinner: _____ Total _____

Number of Certified Food Managers on staff: _____ Number of kitchen staff: _____

What language(s) are spoken by the:

Owner: _____ Kitchen Staff: _____ Certified Food Managers: _____

***All kitchen staff must have a food handler certification**

Water, Sewage and Plumbing

Is the water source public or private ?

If public, what is the name of the Municipal Utility District (MUD)? _____

Is the sewage disposal public or private ?

Enter information for type of **Hot Water Heater** used:

Gas: tank size _____ BTU's _____

Electric: tank size _____ Total kW _____

Tankless: Make and Model: _____

Will a circulating pump or booster heaters be used? _____

Number of 3-compartment sink basin dimensions: _____ 3-Compartment sink basin dimensions: _____

3-compartment sinks: _____ Number of mop/service sinks: _____

Will a clothes washer be used? _____ Will a dish machine be used? _____

For each **prep sink**, indicate **type** (Vegetable, meat, seafood, ect.) and **number of compartments**

Prep sink #1		
Prep sink #2		
Prep sink #3		

Will any of the following processes be conducted: (Yes or No)

Mobile Food Units supplied, cleaning onsite, or water and waste services provided? _____

Bare Hand Contact? _____

Non-continuous cooking? _____

Sous Vide? _____

Reduced Oxygen Packaging? _____

Vacuum Packaging? _____

Foods pickled or acidified before service? _____

Food smoked or cured onsite? _____

Custom processing of raw meat in the establishment? _____

Live molluscan shellfish tank? _____

Sprouting seeds or beans in the establishment? _____

If the answer was **Yes** to any of the above items, please provide a plan that details the food and process involved:

**** A complete menu or list of food to be served must be submitted.**

**** The floor plan and food service equipment schedule must be submitted.**

I, the owner/registered agent of this establishment, certify that the above information is true and accurate as of the date of this application.

Signature: _____ Printed Name: _____

Title: _____ Date: _____

For Office Use Only

Date issued: _____ Date to expire: _____ Permit # _____ Fee: _____

Paid: _____ Cash _____ Check/Mo. Order _____ Invoice _____

_____ https://govpay.net/hardin_co_tx_health - We accept all major credit cards online or in office

Approved By: _____ Date: _____

ReJena Bolton, Hardin County Health Inspector