



Health Permit Application

6800 Main Street, The Colony, Texas 75056
Phone 972-624-3100 * Fax 972-624-2286

Permit #: _____ Date: _____
RFSM: [] Reg [] Not Reg [] Lic exp

Incomplete application and/or submittal will delay the review process.

THIS APPLICATION IS FOR HEALTH RELATED BUSINESSES ASSOCIATED WITH FOOD, BEVERAGE OR COMMERCIAL SWIMMING POOLS, SPAS OR SPLASH ZONES.

[] Health Permit [] Swimming Pool/Spa/Splash Zone

Establishment must notify the City of any changes to the information below within 10 business days to avoid enforcement actions.

Business Name: _____

Business Phone: _____ Business Fax: _____

Business Location

Address _____

City _____ State _____ Zip _____

Mailing Address (if different from Business Location) (All correspondence will be sent to this address, for example: annual renewal notices, annual health permits)

Address _____

City _____ State _____ Zip _____

Business Owner

Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Phone _____ Mobile _____

Manager

Name _____ E-mail _____

Phone _____ Mobile _____

Health Permit Information

Type of Permit [] New Establishment Proposed Opening Date _____

[] Annual Renewal [] Seasonal (schedule required) [] Change of Ownership/Pre-opening (\$75.00)

Type of Establishment

- [] Child Care (\$200) [] Seasonal (\$100 per 6 months) [] Schools [] Self-Service Markets (\$265)
[] Grocery Store <8,000 sq. ft. GFA (\$350) [] Restaurant <2,000 sq. ft. GFA (\$350) [] Mobile Truck - [] Hot (\$200) [] Cold (\$150)
[] Grocery Store >8,000 sq. ft. GFA (\$550) [] Restaurant >2,000 sq. ft. GFA (\$550) [] Mobile Food Cart (\$250)
[] Warehouse/Distribution/Catering <2,000 sq. ft. GFA (\$350) [] Convenience Store (\$265) [] Limited Food Cart - [] Pre Packaged (\$100) [] Potentially Hazardous (\$150)
[] Warehouse/Distribution/Catering >2,000 sq. ft. GFA (\$550) [] Convenience Store with deli (\$320)

Registration of Food Service Manager (RFSM)

A RFSM is required to be on duty at all times during operation. Failure to comply may result in enforcement actions by the Health Department.

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Certified Food Manager # _____ Email _____

Pool/Spa/Splash Zone Information (A separate application must be submitted for each type.)

Estimated Season Start Date _____

[] New [] Annual Renewal # Of Swimming Pools _____ # Of Spas _____ # Of Splash Zones _____
(\$150 first / \$100 each additional)

I herby recognize that the City of the Colony is a Regulatory Authority approved by the Department of State Health Services and agree to abide by the City's Code of Ordinances relating to Swimming Pools/Spas, Food and Food Establishments. I understand that if the application is filed, the permit fee will not be refunded, regardless of approval or denial of permit. I also understand that any permit granted as a result of the application may be suspended or revoked for failure to comply with the City's Code of Ordinances affecting public health.

Signature _____ Date _____