



Health Permit Application

Permit #: _____ Date: _____

6800 Main Street, The Colony, Texas 75056
Phone 972-624-3100 * Email: Permits@thecolonytx.gov

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

- Health Permit Swimming Pool/Spa/Splash Zone/Public Interactive Water Feature

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

Business Name: _____
Address _____
Business Phone: _____ Business Email: _____

Mailing Address (if different from Business Location) (All correspondence will be sent to this address)

Address _____
City _____ State _____ Zip _____

Business Owner

Name _____ E-mail _____
Address _____ City _____ State _____ Zip _____
Phone _____ Mobile _____

Manager

Name _____ E-mail _____
Phone _____ Mobile _____

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) [] Convenience Store (\$265)
[] Grocery Store >8,000 sq. ft. GFA (\$550) [] Restaurant >2,000 sq. ft. GFA (\$550) [] Convenience Store with deli (\$320)
[] Warehouse/Distribution/Catering <2,000 sq. ft. GFA (\$350) [] Warehouse/Distribution/Catering >2,000 sq. ft. GFA (\$550)

Registration of Food Service Manager (RFSM) A RFSM is required to be on duty at all times during operation.

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 hereby 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 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 _____