



FOOD ESTABLISHMENT HEALTH PERMIT APPLICATION

Application Date: _____

Development Services

100 W. Eldorado Parkway
Little Elm, TX 75068
(214) 975-0456
permits@littleelm.org

This application **MUST** be completed before any Health Permit is issued. **NEW FOOD ESTABLISHMENTS**, and **ESTABLISHMENTS UNDERGOING CHANGE IN OWNERSHIP, CONCEPT, or NAME** must also submit a completed **ADDENDUM TO FOOD ESTABLISHMENT PERMIT**.

****PLEASE INDICATE PREFERRED MAILING ADDRESS AND EMAIL ADDRESS (for inspection reports)****

Type of Business:	<input type="checkbox"/> Food Service (\$350 annually)	<input type="checkbox"/> Food Service-Limited Purpose (\$50 annually)
	<input type="checkbox"/> Food Service-Nonprofit/Schools (\$0)	<input type="checkbox"/> Grocery-Major (\$1000 annually)
	<input type="checkbox"/> Grocery-Minor (\$350 annually)	<input type="checkbox"/> Daycare/Private School (\$350 annually)
	<input type="checkbox"/> Mobile-Hot (\$200 Bi-annually)	<input type="checkbox"/> Mobile-Cold (\$100 Bi-annually)
	<input type="checkbox"/> Temporary (\$25 per vendor, per event)	

Business Name: _____ (Name of Establishment located in little Elm)
Contact person: _____
Street Address: _____ City: <u>Little Elm</u> State: <u>TX</u> Zip: <u>75068</u> (Physical Street Address in Little Elm)
Telephone: Main (_____) _____ - _____ Secondary (_____) _____ - _____
Email: _____

Owner - Individual(s) or Corporation: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Telephone: Main (_____) _____ - _____ Secondary (_____) _____ - _____
Email: _____

All information in this application, and any required addendums or attached documents, is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation or suspension if the establishment fails to comply with applicable Town of Little Elm ordinances or State laws.

Applicant Name (Print)

Signature

Date

FOOD ESTABLISHMENT HEALTH PERMIT APPLICATION ADDENDUM

This form **MUST** be completed for any **NEW** Food Establishment, or any **EXISTING** Food Establishment undergoing **CHANGE IN OWNERSHIP, CONCEPT/MENU, or NAME.**

APPLICATION DATE:

PROPOSED OPENING-RE-OPENING
DATE:

This food Establishment is undergoing the following changes (Check all that apply)

New Food Establishment

Change of Ownership

Change of Name

Change of Concept/Menu

Name of Establishment: _____

Physical Address: _____

1. Has/Will the menu of offered foods change? _____ If so, please attach updated menu.

2. Hours/Days of Operation: _____

3. Will this establishment serve any undercooked animal products? Examples: Sushi, undercooked steaks or hamburgers, eggs over-easy. _____ If yes, please attach details of how required disclosure statements will be provided.

4. All Food Establishments **MUST** comply with the Town of Little Elm Smoking Ordinance. For details, go to the following link:

https://www.municode.com/library/tx/little_elm/codes/code_of_ordinances?nodeId=PTIICOOR_CH700FMIPR_ARTIXSM

5. Grease Interceptor Size: _____ Gal. Location: _____

Contracted Service Company: _____

Town Ordinance requires all grease interceptors be serviced at least four (4) times per year.

6. REMINDER: The State of Texas Food Establishment Rules require one (1) Certified Food Manager to be present during ALL hours of operational, and ALL non-food manager employees to be Food handler certified.