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)**

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

Business Name: ________________________________________________________________

(State of Establishment located in Little Elm)

State Tax ID#: ____________________

Contact Person: ________________________________________________________________

Street Address: ________________________________________________________________

City: Little Elm State: TX Zip: 75068

(Physical Street Address in Little Elm)

Telephone: Main (_____)_____-_________ Secondary (_____)_____-_________

Email: ________________________________________________________________

Owner - Individual(s) or Corporation: __________________________________________

Mailing Address: ________________________________________

City: ____________________ State: _____ Zip: ______

Telephone: Main (_____)_____-_________ Mobile (_____)_____-_________

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 ____________

Updated 4/12/16
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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=PTICOOR_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.