



# FOOD ESTABLISHMENT PERMIT APPLICATION

DEVELOPMENT SERVICES  
142 N. Ohio Celina, Texas 75009  
972-382-2682

THIS APPLICATION MUST BE COMPLETED BEFORE ANY HEALTH PERMIT IS ISSUED.

PERMIT #: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

- |   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> NEW FOOD ESTABLISHMENT | <input type="checkbox"/> RENEWAL | <input type="checkbox"/> CHANGE OF NAME    |
| <input type="checkbox"/> CHANGE OF OWNERSHIP    | <input type="checkbox"/> REMODEL | <input type="checkbox"/> CHANGE OF CONCEPT |

**TYPE OF BUSINESS:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> RESTAURANT (\$350)        | <input type="checkbox"/> SUPER STORE (\$525)    | <input type="checkbox"/> LIMITED FOOD (\$50)     |
| <input type="checkbox"/> DAY CARE (\$250)          | <input type="checkbox"/> PRIVATE SCHOOL (\$200) | <input type="checkbox"/> PUBLIC SCHOOL (no cost) |
| <input type="checkbox"/> CONVINIENCE STORE (\$250) | <input type="checkbox"/> NURSING HOME (\$350)   |  |
| <input type="checkbox"/> GROCERY STORE (\$250)     | <input type="checkbox"/> SEASONAL FOOD (\$125)  |  |

**\*\*\*PLEASE INDICATE WHICH ADDRESS IS THE PREFERRED MAILING ADDRESS\*\*\***

BUSINESS NAME: _____ <small style="text-align: center;">(NAME OF ESTABLISHMENT LOCATED IN CELINA)</small>			
CONTACT PERSON: _____			
STREET ADDRESS: _____ <small style="text-align: center;">(PHYSICAL STREET ADDRESS LOCATION IN CELINA)</small>		CITY: _____	STATE: _____ ZIP: _____
PHONE NUMBER: _____	EMAIL: _____		

OWNER (INDIVIDUAL OR CORPORATION): _____			
STREET ADDRESS: _____			
PHONE NUMBER: _____		CITY: _____	STATE: _____ ZIP: _____
		EMAIL: _____	

<b>PLEASE LIST NAMES OF CORPORATE OFFICERS, INCLUDING THEIR COMPLETE ADDRESSES BELOW:</b>			
(1) CORPORATE OFFICER: _____			
STREET ADDRESS: _____		CITY: _____	STATE: _____ ZIP: _____
EMAIL: _____			
(2) CORPORATE OFFICER: _____			
STREET ADDRESS: _____		CITY: _____	STATE: _____ ZIP: _____
EMAIL: _____			

<b>PLEASE COMPLETE FOR NEW FOOD ESTABLISHMENT, CHANGE IN OWNERSHIP, CONCEPT OR NAME:</b>	
1. Has/Will the menu of offered foods change? _____ if so, attach updated menu.	
2. Smoking is prohibited within a food establishment and within 20 linear feet of any entrance of any facility where smoking is prohibited. Will there be a proposed smoking area provided outdoors? _____ See ARTICLE 6.08 SMOKING located at <a href="http://www.celina-tx.gov">www.celina-tx.gov</a> – MUNICIPAL CODE.	
3. Grease Interceptor Size: _____ / _____ GAL/LB Location: _____ Contracted Servicing Company _____ <i>City Ordinance requires all grease interceptors be serviced at a minimum of once every ninety (90) days.</i>	
4. Are you considering allowing a 3 <sup>rd</sup> party sublet/caterer to use this establishment's kitchen facilities? _____	
<b>5. One (1) Certified Food Manager is required to be present in the establishment at ALL TIMES of operation.</b>	

All information in this application, and any required attached sheets, is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable City Ordinances or State Laws.		
Applicant Name (printed)	Signature	Date
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<b>TOTAL PAID</b>		<b>\$</b>



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## A. New Construction / Extensive Remodel / Change of Food Type

Food service details including dumpster enclosure and full floor plan with all equipment depicted. Food service includes outside caterers, places of worship and daycare centers – including those that serve only juice or water and/or dry snacks. Note: food service areas must be segregated.

1. Identify each room with function and purpose, including staff lounge and break rooms.
2. Equipment and fixture schedules. Include each piece of counter-top equipment used in food service. Except where only pre-packaged, individual portioned items are offered and approved, a three compartment sink is required.
3. Satellite areas, outdoor areas, bar/equipment and elevations must be depicted.
4. Manufacturer's specification sheets of all equipment. (Refrigeration for all children's meals in a Daycare setting must be commercial grade, ie. NSF approved).
5. Finish schedules of all areas.
6. Grease interceptor calculations and proposed location.
7. Water heater calculations.
8. Above ground grease waste storage container location, where applicable.
9. Reflected ceiling plan.
10. Bare Hand Contact policy (if used). Bare hand contact with ready to eat foods is prohibited if serving a highly susceptible population.
11. Full menu depicting Consumer Advisory-disclosure and reminder locations (not applicable for establishments serving a highly susceptible population).
12. Completed "Food Establishment Permit Application" submitted with correct fees and copy of Food Manager Certification.

## B. Existing Food Establishment with Modifications / Purchase of Vacant Food Establishment: **ALL EXISTING AND NEW EQUIPMENT, FINISHES & FIXTURES MUST BE LABELED AS 'NEW' OR 'EXISTING'.**

1. Food service details including full floor plan with all equipment and fixtures depicted. Identify all food service areas, bars, outdoor areas, storage, and ware wash rooms
2. Manufacturer's specification sheets of all proposed new equipment.
3. Finish schedules of all areas
4. Grease interceptor size and location identified.
5. Water heater size if existing is to be used (Submit GPH and KW-BTU)
6. Where applicable, note above ground grease waste storage container location
7. Where applicable, submit Bare Hand Contact policy. Bare hand contact with ready to eat foods is prohibited if serving a highly susceptible population.
8. Full menu depicting Consumer Advisory-disclosure and reminder locations (not applicable for establishments serving a highly susceptible population).
9. Completed "Food Establishment Permit Application" submitted with correct fees and copy of Food Manager Certification.

## C. Change of Owner ONLY (occupied, no Modifications, no Change of Food Type): **Submit B.1. (above), with a "Food Establishment Permit Application", fees, and a copy of "Food Manager Certification" with the Certificate of Occupancy Application.**

Note: Other information may be required. Health & Food Safety's Submittal Requirements (above) are in addition to information required by the Building Inspections Division.