

**APPLICATION FOR HEALTH LICENSE/ RENEWAL
FOOD SERVICE ESTABLISHMENT/ DAY CARE SERVICES
CITY OF CLUTE, TEXAS**

Name: _____ Date _____
 Address: _____ Telephone: _____
 Signature: _____
 Establishment's Name: _____
 Establishment's Location: _____
 Mailing Address: _____ Telephone: _____
 Ownership: Association _____ Corporation _____ Individual _____ Partnership _____
 Other Legal Entity _____

Type of Establishment:

<input type="checkbox"/> Large Establishment (10,000 sq ft or more)	\$200.00/YR.
<input type="checkbox"/> Small Establishment (Less than 10,000 sq ft-more than 1,000 sq ft)	\$150.00/YR.
<input type="checkbox"/> Very Small Establishment (Less than 1,000 sq ft)	\$100.00/YR.
<input type="checkbox"/> Mobile Vending Unit	\$ 75.00/YR.
<input type="checkbox"/> Day Care Facility or School	\$ 50.00/YR.
<input type="checkbox"/> Group Day Care Home	\$ 50.00/YR.
<input type="checkbox"/> Non-Profit Organization	-0-
<input type="checkbox"/> Temporary Establishment	\$ 25.00/YR.
<input type="checkbox"/> Convenience Store	Fee Based on Sq. Ft. of Store

Please answer the following questions:

1. Are 50% or more of your employees trained food handlers? Y() N()
2. Are potentially Hazardous Food (PHF) items served? Y() N()
3. Are PHF prepared only in individual portions? Y() N()
4. Are PHF served from a buffet or salad bar or unwrapped
PHF available for consumer self service? Y() N()
5. Are PHF cooked, held and reheated? Y() N()
6. Are PHF prepared from raw, non-frozen ingredients? Y() N()
7. Are PHF prepared and held before service? Y() N()
8. Are PHF extensively handled in preparation? Y() N()
9. Is the average number of meals or patrons served per day?
0-250 () 250-500 () 500 + ()
10. Is a critical population served? (Day care, school, hospital,
Nursing home) Y() N()
11. Does this facility have a grease trap? Size _____ Y() N()
12. What are the total square feet of facility? _____ Y() N()

PERSON DIRECTLY RESPONSIBLE FOR ESTABLISHMENT:

NAME _____ TITLE _____
 ADDRESS _____ TELEPHONE _____

IMMEDIATE SUPERVISOR TO PERSON DIRECTLY RESPONSIBLE:

NAME _____ TITLE _____
 ADDRESS _____ TELEPHONE _____

THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE. THIS ESTABLISHMENT AGREES TO COMPLY WITH THE CODES ADOPTED BY THE CITY OF CLUTE AND IS AWARE OF THE RIGHT TO ACCESS TO THE REGULATORY AUTHORITY AS SPECIFIED WITHIN THE HEALTH CODES.

DATE: _____ SIGNATURE: _____

FOR OFFICE USE ONLY:
 ESTABLISHMENT'S PLANS APPROVED _____
 LICENSE FEES RECEIVED _____
 HACCP PLAN REQUIRED _____
 COPY OF FOOD SERVICE TRAINING CERTIFICATE ATTACHED _____