

## **HEALTH & HUMAN SERVICES Environmental Health**

FORT BEND COUNTY, TEXAS

4520 READING ROAD ♦ SUITE A-800 ♦ ROSENBERG, TX 77471
OFFICE: 281-342-7469 FAX: 281-342-5572

## **Food Establishment Application**

| C                                                       | Convenience                                  |                                              | ] Day Care/School □<br>Convenience Store with                                                                    |                          |                            |         |
|---------------------------------------------------------|----------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------|---------|
| This is a: New                                          | Establishme                                  | nt □ Change of                               | Ownership 🗆 Remode                                                                                               | el 🗆 Change in           | Operation                  |         |
| The Food Establishm                                     | ent Permit will b                            |                                              | mit. A menu and letter describin spection when the facility is in ndcountygov.com.                               |                          |                            |         |
| Name of Establish                                       | ment:                                        |                                              |                                                                                                                  |                          |                            | _       |
| Street Address:                                         |                                              |                                              |                                                                                                                  |                          |                            | _       |
| City/Zip Code:                                          |                                              |                                              |                                                                                                                  | Phone: (                 | )                          |         |
| Mailing Address:_                                       |                                              |                                              |                                                                                                                  |                          |                            |         |
| City/Zip Code:                                          |                                              |                                              |                                                                                                                  | Phone: (                 | )                          |         |
| Owner (Name of c                                        | ompany or cor                                | poration as applical                         | ole):<br>Sole proprietorship                                                                                     |                          |                            |         |
|                                                         |                                              |                                              | Sole proprietorship                                                                                              | _ Corporation            | Partnership                |         |
|                                                         |                                              |                                              |                                                                                                                  | Home: (                  |                            | _       |
| Email Address:                                          |                                              |                                              |                                                                                                                  |                          |                            |         |
| Total Square Footage of the Facility: Days of Operation |                                              |                                              |                                                                                                                  |                          |                            |         |
| Fort Bend County<br>*Number can be obtain               | MyPermitNov                                  | Project Number (F<br>Bend County Engineerin  | REQUIRED): g Department. Application will n                                                                      | not be processed without | this number.               | -       |
| Water Supply: Pu                                        | ublic 🗆 Wel                                  | ll □ If a Well: TCE                          | Q Well Permit Number: _                                                                                          |                          |                            |         |
| Wastewater Dispo                                        | Septic [                                     | ☐ If Septic, Wha                             | me of Water Company: at is Permit Number:                                                                        |                          |                            |         |
| operation fails to me                                   | of the above beet the requirement or or area | business is responsiblents of those laws, en | Yes: Size of Grease Trap: _ e for knowing and adhering aforcement up to and including ty has an outdoor lighting | g to all laws applical   | ility and loss of the pern | nit can |
| Signature of Appli                                      | cant                                         |                                              |                                                                                                                  | Date                     |                            |         |