CITY OF CORINTH
FOOD ESTABLISHMENT PERMIT APPLICATION

Name of Establishment: _____

Address of Establishment: _____ **Phone #:**_____

Owner's Name: _____ **Phone #:**_____

Owner's Address: _____

Registered Agent, if a corporation, proprietorship or partnership: _____

Name of Manager / Responsible Party: _____
A COPY OF MANAGER / RESPONSIBLE PARTY'S DRIVER'S LICENSE MUST ACCOMPANY THIS APPLICATION

E-Mail Address of Manager / Responsible Party: _____

Name of Food Protection Manager: _____

Food Protection Manager Certification # _____ **Expires on:** _____
A COPY OF CERTIFICATION MUST ACCOMPANY THIS APPLICATION

Type of Establishment: _____ **State of TX State Tax Certificate #** _____

Does your establishment cater food outside of your facility? _____**Yes**_____ **No If yes, # per year:** ____

Annual Food Permit, Food Protection Manager Certificate, Certificate of Occupancy and Maximum Occupancy Load Statement are to be posted in a visible location within the Food Establishment.

_____	_____	_____
Print name of Applicant	**Signature of Applicant**	**Date**

_____

Yearly fees:

- **Food Establishment / Convenience Store - $200**
- **Grocery Store Fee - $500**
- **Daycare / Private School Fee - $200**
- **Mobile Unit - $100**

3300 Corinth Parkway **Corinth, Texas 76208** **(940) 498-7502**