



City of Stafford

2610 South Main
(281) 261 3941

permits@staffordtx.gov

Stafford, Texas 77477
Fax: (281) 261 3939

Food Establishment & Renewal Permit Application

Establishment Name:		Hours of Operation:	
Establishment situs address:			
Do you wish for renewal to be sent to location other than situs address? <input type="checkbox"/> YES <input type="checkbox"/> NO Email: _____ Mailing address: _____			
Do you wish for a copy of the permit to be sent to location other than situs address? <input type="checkbox"/> YES <input type="checkbox"/> NO Email: _____ Mailing address: _____ Fax: _____			
Mailing Address: (if different than above)			
Establishment Phone #:		Establishment Fax #:	
Establishment Email:			
Director / General Manager/ Person in Charge		Cell#:	Email:
Corporate Contact Name: (if applicable)			
Corporate Address:			
Corporate Contact Phone # :		Fax:	Corporate Email:
Property Owner:			
Property Owner Address:			
Property Owner Phone # :		Property Owner Email:	
Emergency Contact Name	Title	Phone#	
Certified Food Protection Manager(s) (for additional certified personnel use additional sheet of paper)	License #	Expiration date	
	Issued By:		
For Day Care Facilities: (only) In-house food Preparation <input type="checkbox"/> Outside Catering <input type="checkbox"/> (If outside catering, Caterer must register as a caterer)	Age Range of Children	# of Children licensed	
	Name, Address, & Phone # of Caterer		
Food Establishment Annual Fee determined by Sq. Footage (entire facility minus area that food or drink is not allowed in i.e. dance floor, gym, etc.) Total Square footage: _____	Pre Opening Inspection Plus		\$150.00
	Less than 5000 Sq. ft.	\$300.00	
	> 5000 sq. ft. and < 10,000 sq.ft.	\$500.00	
	> 10,000 sq. ft.	\$700.00	
Accepted by:	Approved by:		
Receipt Number :	TOTAL DUE		
Signature of Applicant:	Printed Name:	Date:	