



CITY OF STAFFORD – CODE COMPLIANCE

CONSUMER HEALTH SERVICES

2610 South Main Street, Stafford, Texas 77477

PHONE: (281) 261-3941 Fax: (281) 261-3939

EMAIL: consumerhealth@staffordtx.gov

DATE: _____

PERMIT: _____

Check All that Apply: New Establishment Renewal Application Update Type of: _____
 Remodel Existing FE. Change of Ownership
 Remodel – New Other: _____

FOOD ESTABLISHMENT	ESTABLISHMENT NAME: (DBA)			Hours of Operation:	
	ADDRESS City, ST, ZIP				
	<i>Mailing Address (if different than above)</i>				
	EST Phone:		EST Email:		
	Manager/ PIC:	Title:	Mgr. Cell:	Mgr. Email:	

CORPORATE / OWNERSHIP	OWNERSHIP: (LP, LLC, INC)				
	Address, City, ST, Zip				
	Contact Name:		Contact Phone:	Contact Email:	

MOBILE FOOD UNIT	MFU Owner (If different from above)			Owner TDL	
	Address (City, ST, Zip):		Phone	Email	
	Location of MFU (Address)			Type of MFU	
	MFU	YR	Make/Model:	MFU Vin No.	Plate

LAND OWNER	Owner:		Address/City/Zip:		
	Contact Name:	Contact Phone:	Contact Email:		

EMERGENCY Contact Name:		Title:	Contact #:
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NOTE: The owner/manager/PIC of the above listed establishment is responsible for the knowledge and the abidance of all local and state food establishment laws applicable to this operation. The permit holder understands that failure to comply with the requirements of the law, may result in immediate revocation of the permit as well as the issuance of a municipal citation.

Signature of Applicant:	Printed Name:	Date:
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FEES

<p>Food Establishment Annual Fee is determined by SQ. Footage (Calculation = Total Sq. Ft. of facility MINUS SQ. FT. of facility where food or drink is not allowed (i.e., dance floor, bowling lanes, gym floor, etc.)</p> <p>Non-Profit Establishments are exempt from annual fees when a 501C3 has been submitted or is on file. An application shall be completed and submitted to avoid late fees.</p> <p>Total Square footage: </p>	Plan Review/ Pre-Opening Inspection REQUIRED for New and/or Remodel	\$150.00	
	Non – Profit Establishments	NC	
	Annual Fee: < 5,000 sq. ft.	\$300.00	
	Annual Fee: 5,001 sq. ft. – 9,999 sq. ft.	\$500.00	
	Annual Fee: > 10,000 sq. ft.	\$700.00	

Health Dept	Accepted by:	Date:	MFU – Initial Inspection fee	\$50.00
	Approved by:	Date:	MFU – Annual permit fee	\$200.00
FINANCE	Receipt Number:		RE-INSPECTION FEE	\$150.00
	Payment Amt:	Pay Type:		
	Processed by:	Date:	DUPLICATE PERMIT -Additional Copy /Replacement	\$50.00
			TOTAL DUE	