## Food Establishment Permit City of Celeste

N. 201 US 69 Celeste, TX 75423 (903) 568-4512

<u>When is a permit needed?</u> It shall be unlawful for any person to offer for sale or give away food and/or drink within the city limits without first having secured a Food Establishment Permit from the City. A permit is required for all permanent, seasonal and temporary event locations. If there is a change of owner the permit is not transferable.

## What are the requirements for a Food Establishment permit?

When applying for a Brick-and-Mortar Food Establishment permit a drawing of the interior layout shall be provided to the city for plan review two (2) copies. It shall include all equipment and plumbing fixtures. This shall be approved prior to the Certificate of Occupancy Health inspection request.

A new establishment shall not open until the Certificate of Occupancy has been approved.

An application and permit fee shall be remitted to the city prior to the Certificate of Occupancy Health inspection shall be requested.

All permits expire on the anniversary of the Certificate of Occupancy each year and an annual permit fee shall be provided to the City prior to this date.

## What are the requirements for a Temporary Event vendor permit?

At least 3 days prior to the event, an application and fee shall be provided to the City.

ALL vendors shall provide a copy of their last inspection and a copy of their permit from any commercial kitchen used if not in the City.

ALL vendors shall obtain a permit even if representing a Permanent Food Establishment in the City.

ALL vendors, non-profit included, shall be provided with a list of Guidelines and shall agree to comply with said Guidelines.

ALL Food Establishments shall comply with the Texas Food Establishment Rules and the City Ordinances.

## **Permit Fees**

Permanent Food Establishment: \$425.00 Mobile Food Vendor: \$150.00 yearly Special Event Food Vendor: \$75.00 Phone: (903) 568-4512

Food Establishment Permit Application

|                            |                                                                                                       | 1 Ook Ballot            |                                                          | и Аррисиион                |
|----------------------------|-------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|----------------------------|
| Project Information        | _                                                                                                     |                         | Permit#                                                  |                            |
| Business Name:             | _                                                                                                     |                         |                                                          |                            |
| Business Address:          |                                                                                                       |                         | Hours of Operation:                                      |                            |
| ☐ <b>New</b> ☐ Renewal     | ☐ Change of Owner                                                                                     | r                       | Previous Name:                                           |                            |
| Type of Food Service:      | Restaurant                                                                                            | Grocery                 | ☐ Day Care                                               |                            |
| Convenience Store          | School                                                                                                | ☐ Nursing Home          | ·                                                        |                            |
| ☐ Seasonal                 |                                                                                                       |                         |                                                          |                            |
| Mobile Vendor              | Vehicle Name/Model:<br>Proof of Insurance:                                                            |                         |                                                          |                            |
|                            |                                                                                                       |                         | rag//.                                                   |                            |
| Owner Information          |                                                                                                       |                         |                                                          |                            |
| Company Name:              | =                                                                                                     |                         | Contact Person:                                          |                            |
| Street Address:            | _                                                                                                     |                         |                                                          |                            |
| Phone#:                    | Mobile#:                                                                                              | Email:                  |                                                          | <del></del>                |
| Tenant Information         |                                                                                                       |                         |                                                          |                            |
| Company Name:              |                                                                                                       |                         | Contact Person:                                          |                            |
|                            | _                                                                                                     |                         |                                                          |                            |
| Phone#:                    |                                                                                                       | Mobile#:                | Email:                                                   |                            |
| T Honon:                   | <u> </u>                                                                                              | viobilon.               | Email                                                    |                            |
|                            | mation on establishmen                                                                                |                         |                                                          |                            |
| Number of Employees:       | <del>-</del>                                                                                          | apacity:Squa            |                                                          |                            |
| # of Certified F           | ood Service Handlers:                                                                                 | # of Certified Food Se  | rvice Managers:                                          |                            |
| Does the Establishmen      | t have a Grease Trap?                                                                                 | If yes, ca              | pacity: lbs                                              |                            |
| Grease T                   | rap Service Company:                                                                                  |                         |                                                          |                            |
| Is this a non-sm           | oking establishment?                                                                                  |                         |                                                          |                            |
| If no, what is seating     | capacity for sections: No                                                                             | n-Smoking Section       | Smoking Section                                          |                            |
| provisions of the City Ord | ompleted application and kno<br>inances and State Laws will<br>in the owner of the above es<br>premis | be complied with, wheth | er herein specified or not.<br>I employee. Permission is | I agree to comply with all |
| Signature of Applicant: _  |                                                                                                       |                         | Date:                                                    |                            |
| OFFICE USE ONLY            |                                                                                                       |                         |                                                          |                            |
| Permit Fee:                | Approved By:                                                                                          |                         |                                                          |                            |
| Received By:               | Date Issued:                                                                                          |                         |                                                          |                            |
| Check# or Cash:            | Expiration Date:                                                                                      |                         |                                                          |                            |