



Cherokee County Health Department Food Establishment Permit, Renewal, or Inspection Fee Application

www.cchdtexas.org

Return completed application, affidavit and fee made payable to the Cherokee County Health Department. Mail to: **593 North Main Street, Rusk, Texas 75785**. FAILURE TO PROVIDE ALL INFORMATION REQUIRED WILL DELAY PERMIT.

Due Date: Before beginning operations for new food establishment; upon change of ownership or address.

Renewals are due by December 31st of each year.

For assistance in completing this application, call (903) 683-2990.

PURPOSE OF THIS APPLICATION:

- New Food Establishment** – Give start date: _____ **Renewal** **Change of Ownership**, Effective date: _____
- Amended** – Specify type: Change of Food Establishment Name, or Change of Physical Location, Effective date: _____

FOOD ESTABLISHMENT INFORMATION:

1. Name Under Which Food Establishment is operated (DBA): _____
2. Physical Address of Food Establishment: _____
Address Street, (for Routes – GIVE DIRECTIONS ON REVERSE) City Phone # at site
3. Food Establishment Contact Person: _____ Title: _____
4. Email Address For Contact Person: _____
5. Food Establishment Information: _____ m. to _____ m. _____
Opening Hours - Closing Hours of Operations Days of the week establishment will be open **Total # of Workers**
6. Mailing Address (if different): _____
Address City State Zip
7. Owner's Name: _____ Phone #: _____
8. For Corporations, President or Chief Officer's Name & Title: _____

FEE INFORMATION: (Please check appropriate box(es):

1. *Food Establishment* *Caterer located in Cherokee County* *Convenience Store* *Package Store*
Indicate Amount Paid

<input type="checkbox"/> 5 or less employees.....	FEE DUE: \$ 50.00	_____
<input type="checkbox"/> 6 – 10 employees.....	FEE DUE: \$100.00	_____
<input type="checkbox"/> 11 - 25 employees.....	FEE DUE: \$150.00	_____
<input type="checkbox"/> 26 - 35 employees.....	FEE DUE: \$200.00	_____
<input type="checkbox"/> 36 – 50 employees.....	FEE DUE: \$250.00	_____
<input type="checkbox"/> more than 50 employees.....	FEE DUE: \$300.00	_____
2. Pre-Operational Inspection Fee for New Food Establishment or
Re- opening Inspection Fee of Previously Existing Location..... FEE DUE: \$ 50.00 _____
3. Nursing Home or College with food service provided by college..... FEE DUE: \$ 75.00 _____
4. Hospital..... FEE DUE: \$200.00 _____
5. *Out of county caterers who sell only commercially prepacked foods.....* FEE DUE: \$200.00 _____
6. Grocery stores, supermarkets or ***Out of county caterers who prepare foods....*** FEE DUE: \$300.00 _____
7. **Administrative fee for renewal application postmarked after December 31st or for operating without valid permit.** FEE DUE: \$ 50.00 _____
8. Non-profit establishment required by a State licensing entity to have local inspection... FEE DUE: \$ 50.00 _____

TOTAL FEES PAID _____

If your food establishment is a Non-Profit entity based on Internal Revenue Code, please submit a copy of your documentation. Permit fees are exempted but an inspection fee is due per inspection required by your State licensing entity.

I certify that the information furnished is true and correct to the best of my knowledge.

Printed Name of Applicant

Title

Signature of Applicant

Date
(Food Establishment Application Form 11/09)

APPLICATION AFFIDAVIT

I, _____,
(printed name)

Understand that the attached application is for permission for me only to operate a food establishment only at the location indicated on the application.

I also understand that the permit to be issued contains a statement at the bottom of the document which states the permit cannot be moved to another location and that another person cannot use the permit.

Signed: _____

Date: _____

Cherokee County Health Department
Instructions for Applications for Permit, Renewal Permit, or Inspection

➤ There are separate application forms for food establishments, mobile food units, daycares and temporary food events. Please complete the appropriate application for your specific operation.

➤➤ **Permits are not transferable from one owner to another owner or from one address to another. A new application and fee must be remitted.** Permit fees are due by December 31st of each year for all established permitted businesses.

Purpose of This Application. Check “New” for one just starting up and give date you plan to open; check “Renewal” for the annual renewal of permits; check “Change of Ownership” if ownership has changed to another person/entity or if owned by a corporation and the corporate structure has changed and give date of the change; check “Amended” if there has been a change of business name or physical location and indicate the date of the change.

Business Information *Please type or print information*

- **Name of Establishment:** The name that you will “do business as”.
- **Physical Location & Phone Number:** Actual physical location of business operation (911 address, if known) with directions for route addresses; indicate phone number at the place of business. For mobiles also indicate a phone # on unit.
- **Contact Person:** Name of person in charge at the location, i.e., owner, manager, or supervisor. Also indicate Title of Contact Person.
- **Email Address:** Email address where important information should be sent. *Your email address will only be used to notify you of important information concerning food rule changes and other County requirements.*
- **Operating Information:** The opening and closing hours the business operates and days of the week the business will be open. Also indicate the number of **all workers** at the business location including owner and family, if applicable.
- **Mailing Address:** Address where notices, renewals, or other correspondence are to be sent.
- **Owner’s Name:** The legal name of the owner of the business and phone number where owner can be contacted.
- *** Mobile food units and push carts** must include routes where they plan to operate. Also complete the information requested in the boxes regarding unit identification, foods to be sold from unit, and location of commissary (where food and supplies will be stored).
- **Owner Information for Corporation:** President or Chief Officer’s name and title.

Establishment Type and Fee Information *Please type or print information*

- Food establishments, caterers, convenience stores, and daycares - *Fee due is determined by the number of people working including owner and owner’s family, if applicable* Please check the appropriate box indicating number of all workers; then indicate the payment in the column “Amount Paid”.
- Out of county caterers, nursing homes, hospitals, supermarkets, grocery stores and college food service all have fixed fee amounts. Please indicate the appropriate fee for your establishment type.
- **Pre-Operational Fee:** An application must be submitted to Cherokee County Health Department **before beginning operations** for any new food establishment, mobile food unit or daycare business. A pre-operational inspection must be conducted before the permit will be issued. This fee should be included in with the permit fee. Contact the inspector at 903-683-2990 to schedule the pre-operational inspection when business is ready to operate. Please note \$50.00 payment in column “Amount Paid”.
- ➔ **Administrative Fee:** Permitted facilities that do not remit their renewal application by December 31st or firms operating without a valid permit must pay an additional \$50.00 administrative fee before a permit will be issued. Note \$50.00 payment in column “Amount Paid”.
- Non-Profit businesses that are required to have an inspection by their state licensing agency are now required to pay a \$50.00 inspection fee in order to have their inspection conducted. Please note \$50.00 in the “Amount Paid”. Fee Exemption. *Non-Profit* businesses must submit proof of IRS exemption to be exempted from permit fee.
- **Total Fees Paid:** Total the fees due and note in the column “Amount Paid”.
- **Application Affidavit must be signed, dated and returned with every application for food establishments, daycares and mobile food unit permits.**

☛ Be sure to print your name and title, and sign and date at the bottom of the page. ☛

**Make checks or money order payable to:
Mail completed application and fee to:**

Cherokee County Health Department
593 North Main Street
Rusk, Texas 75785

If you need assistance, please call 903-683-2990.