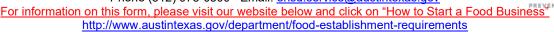
For Office Use Only							
Received:	CK-CC-CH #:	Amount:	Invoice #:				
Paid On:	Initial:	Permit:	Juris: COA/TC/ILA				



AUSTIN PUBLIC HEALTH **ENVIRONMENTAL HEALTH SERVICES DIVISION** P.O. BOX 142529 Austin, TX 78714

Phone (512) 978-0300 Email: ehsd.service@austintexas.gov



Walk-in Location: 1520 Rutherford LN Suite 205, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

Food Enterprise: Operational Permit Application

Establishment Nam	ie:			Emn	loyees:
Establishment Name:			Total (Fulltime/Part-time/Self)		
Physical Address:		Unit)			
	Street (include Suite/	Unit)	City	;	State Zip Code
lailing Address:					
	Use the mailing add	lress space to specify th	he address where you would	l like to receive Permits and	d Renewal Notifications.
Days and Hou		Water Supply: Potable Water Provider		Sewage: Waste Water D	
stablishment Type	e: Retail Food:	□ Bakery □ Bar	☐ Bed & Breakfast ☐ Bo	oarding Home	Care □ Church
efer to page 2 for defini	tions	☐ Concession Star	nd ☐ Convenience Store	☐ Hospital ☐ Nursing	Home ☐ Restaurant
		□ School □ State	Casility Cunarmarket	Othor.	
		LI SCHOOL LI State	e Facility □ Supermarket		
vnership Informa		:: □ Manufacturing	□ Food Warehouse □ O . Print names as they ap	ther	<u></u>
Business Entity/Ow	tion Note	:: □ Manufacturing e: All fields required.	□ Food Warehouse □ O	ther	ent Issued Photo ID(s)
Business Entity/Ow	vner:	e: ☐ Manufacturing e: All fields required. Partnership ☐ Propri	□ Food Warehouse □ O . Print names as they ap	opear on the Government	ent Issued Photo ID(s) ation required (see page 2).
Business Entity/Ow	tion Note	e: ☐ Manufacturing e: All fields required. Partnership ☐ Propri	□ Food Warehouse □ O	opear on the Government	ent Issued Photo ID(s) ation required (see page 2).
Business Entity/Ow	tion Note vner: ation □ LLC □ F	:: □ Manufacturing e: All fields required. Partnership □ Propri (Owne	□ Food Warehouse □ O . Print names as they ap ietorship Note: Proof o	opear on the Government	ent Issued Photo ID(s) ation required (see page 2). Birth:
Business Entity/Ow Org Type: □ Corpora Owner) Phone:	vner:	e: ☐ Manufacturing e: All fields required. Partnership ☐ Propri	□ Food Warehouse □ O . Print names as they ap ietorship Note: Proof o	opear on the Government	ent Issued Photo ID(s) ation required (see page 2).
Business Entity/Ow Org Type: □ Corpora Owner) Phone:	tion Note vner: ation □ LLC □ F	e: ☐ Manufacturing e: All fields required. Partnership ☐ Propri (Owne	□ Food Warehouse □ O . Print names as they ap ietorship Note: Proof o	opear on the Government	ent Issued Photo ID(s) ation required (see page 2). Birth:

Payment Forms Accepted:

City of Austin and ILA Jurisdiction: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX Unincorporated Travis County Jurisdiction: Cash, Check, Money Order Make checks and money orders payable to: Austin Public Health

Fee Schedule available at www.austintexas.gov/ehsd

The Permit Application fee may be refundable upon request within 180 days from date of payment.

Applicant's Signature Print Name

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

Food Enterprise Application: Supplemental Information

Applying for a Permit

Applicants must submit all necessary paperwork and payments to Austin Public Health and receive approval before obtaining a permit. Applications can be submitted at the in-person location (1520 Rutherford LN) or via email at ehsd.service@austintexas.gov. Please note, for City of Austin and ILA jurisdictions, you will receive an email with your invoice, total amount due, and instructions on how to make payment.

The fees will be determined based on Inspection Frequency Analysis and the customer will be notified of fee amount due. Due to the fee assessment process, Travis County applicants that choose to email their applications will see a delay in the process. Travis County applicants will be instructed to submit payment via in-person or mail. Approval is based on compliance with State & Local Health Ordinances; application does not guarantee a permit will be granted.

Applications must include: 1) A completed "Food Enterprise: Operational Permit Application" form

2) Ownership Documentation (see Ownership Documentation section)

3) A completed "Inspection Frequency Analysis" form

Renewing a Permit

Permits expire one (1) year from the date issued. Prior to expiration, the department will mail a renewal notice to the mailing address listed on the application. The renewal form must be completed and returned to the department along with a payment for the permit renewal fee. Establishments that do not receive a notice are still responsible for completing the renewal application and submitting a renewal payment.

Terminology Definitions

Business Entity/ Any entity or individual(s) that maintains full or partial ownership control over a food

Owner: enterprise. See ownership documentation requirements for further clarification.

Responsible Party: Any individual(s) who ensures the food establishment operations/practices are in accordance

with all food codes and ordinances. This individual(s) also assumes legal responsibility in all

cases of non-compliance.

Food Establishment: The physical location in which food is prepared or served.

Retail Food: An operation that offers food and/or beverages directly to a consumer for either on-premises

or off-premises consumption. Establishment examples include, but are not limited to,

restaurants, delis, bars, convenience stores and grocery stores.

Food Product: An operation that manufactures, packages, labels or stores food and/or beverages and does

not vend directly to a consumer. These establishments solely wholesale their product to a

third-party vendor for sale to the end-user.

Ownership Documentation

Proprietorship: A date-stamped copy of the Certificate of Assumed Name

General Partnership: A copy of the fully executed **Partnership Agreement t**o include the name of each member of the partnership and percentage ownership

Limited Partnership (LP): A date-stamped copy of the **Certificate of Limited Partnership t**o include the name of each member of the partnership and percentage ownership

Limited Liability Company (LLC): Articles of Organization (Formation documents) to include the name and percentage ownership for each member and the name for the registered agent. Date stamped copy of the Certificate of Filing and Formation filed with the Texas Secretary of State

Corporation (Inc.): Articles of Incorporation (Formation documents) to include the name of each officer and the name for the director and the registered agent of the corporation or named person of responsibility. Date stamped copy of the **Certificate of Filing** and **Formation** filed with the **Texas Secretary of State**.

Plan Review and Approval

Establishments conducting new/remodel construction must undergo a building plan review to assure specifications of the food preparation, storage, and sales areas of the proposed or existing food outlet meet applicable regulations. Plans must indicate the layout, equipment arrangement, mechanical plans, and construction materials of work areas and the type/model of proposed fixed equipment. See Plan Review application for further details regarding plans.

Revised: 10/1/2024 Page 2 of 3



Food Enterprise Application: Inspection Frequency Analysis



1.	Is food served primarily to highly susceptible populations?						
	□ Yes □ No						
2.	Are any specialized processing methods utilized, such as using additives to render food non-TCS, non-continuous cooking, reduced oxygen packaging, sous vide, cook-chill?						
	□ Yes □ No						
3.	es offered?						
	☐ Yes ☐ No	□ Yes □ No					
4.	How would you describe your food service fac	ility process? (check o	ne)				
	 Process 1 - No cooking of raw or partially cooked food, only receiving, prepping, cold holding and service Examples include: Pre-packaged food items (packaged meats, milk, bacon, cookies, candy, etc.). Storing, stocking or warehousing of receivables only. Limited food handling or no food handling. Beverage service only. Hazardous foods always kept at 41°F or lower prior to service (sushi, cold-cut sandwiches, salads, scooped ice cream, processed fruit, etc.). 						
	 Process 2 - Same-day-service involving receiving, prepping, cooking (one-time), hot or cold holding and service. Examples include: heated/reheated self-serve commercially processed foods (hot dogs, pizza, etc.). 						
	□ Process 3 - Full-service with cooking, cool	- Full-service with cooking, cooling, hot/cold holding (> 24 hours), reheating and service. es include: foods requiring cooking from raw (soups, meats, fish, seafood, poultry, etc.).					
5.	Average number of customers per day? (Assume a "0" value for retail food stores with no customers served or wholesale/manufacturer establishments.)						
	□ 0 customers □ 1-150 customers □	151-300 customers	□ >300 customers				
De	finitions						
<u>Hiç</u> exp	ghly susceptible populations – Persons who a perience foodborne disease because they are taining food at a healthcare or assisted living fac	immunocompromised,					
<u>Food Manufacturer</u> – To produce a food product or a component of a food and either package it for customer self-service or sell to another business that will serve to customers or resale.							
of 1	on-continuous cooking – The cooking of food in the food is intentionally halted so that it may be le/service.						
foo	<u>lecialized Processing Method</u> – A method of produced as a method of food preservation, curing food to a time/temperature control food for safety suckaging.	l, using food additives	to preserve and/or render food so that it is				
<u>Wholesale</u> – To sell something to another individual, company, store (i.e. grocery stores, convenience stores, restaurants, etc.) for the purpose of resale.							
			For Office Use				
			Score: Initials:				

Revised: 10/1/2024 Page **3** of **3** www.SurveyMonkey.com/s/EHSDSurvey