

**ARANSAS COUNTY ENVIRONMENTAL HEALTH**

**1931 FM 2165**

**ROCKPORT, TX 78382**

**TEL. # (361) 790-0121 Fax # (361) 790-0157**

**Application for Food Related Establishment Permit (2007):**

Name of Business: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Texas Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Number of Employees: Does employees have Food Handler Cards: Yes    No

Does Owner/Manager have Food Service Manager's Card: Yes    No

**CHECK ALL APPROPRIATE BOXES IN EACH SECTION**

**CHECK TYPE ESTABLISHMENT**

**OUT OF COUNTY ANNUAL PERMIT FEES:**

Retail   Pre-package foods only

0 – 3 Employees per Establishment - \$ 65.00

Retail   With foodservice

4 – 6 Employees per Establishment - \$135.00

Retail   With meat marker and/or

7 – 9 Employees per Establishment - \$270.00

deli and/or bakery

10 – 15 Employees per Establishment - \$400.00

Bars, Taverns, ETC.

16/Over Employees per Establishment - \$525.00

Meat Market, Seafood, Fish Market

Food Service Only

**IN COUNTY MUNICIPAL ANNUAL FEES:**

**COUNTY ANNUAL PERMIT FEES:**

0 – 3 Employees per Establishment - \$ 50.00

0 – 3 Employees per Establishment - \$ 50.00

4 – 6 Employees per Establishment - \$100.00

4 – 6 Employees per Establishment - \$100.00

7 – 9 Employees per Establishment - \$200.00

7 – 9 Employees per Establishment - \$200.00

10 – 15 Employees per Establishment - \$300.00

10/Over Employees per Establishment - \$300.00

16/Over Employees per Establishment - \$400.00

In making application for a HEALTH PERMIT, which is necessary, to operate my business I understand and agree to comply with all State, County and City Laws and /or ordinances that may govern the conduct or operation of my business/group. I understand that failure to operate according to this agreement may result in the operation of my business/group. I understand that failure to operate according to this agreement may result in the revocation of this permit and/or other legal remedies as stated in regulations applicable to my business/activity.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Drivers License No. \_\_\_\_\_ State: \_\_\_\_\_

\*\*\*OFFICE USE ONLY\*\*\*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_