

APPLICATION FOR HEALTH PERMIT AND GREASE TRAP INSPECTION FOR FOOD SERVICE ESTABLISHMENTS

HEALTH DEPARTMENT – CITY OF GILMER

The following is an application for the required Health Permit issued to all food service establishments located within the city limits of Gilmer, Texas.

1. Name of establishment: _____

Address: _____ City/State/Zip: _____

Telephone: _____

Local contact name: _____

Local contact telephone: _____

2. Owner's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

· The operator understands that the permit issued will expire _____ and is his/her responsibility to see to the renewal of the permit yearly. Annual permit fees are based upon number of employees handling food:

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> 1-2 persons | \$ 25.00 | <input type="checkbox"/> 3-5 persons | \$ 50.00 |
| <input type="checkbox"/> 6-10 persons | \$100.00 | <input type="checkbox"/> 11-20 persons | \$125.00 |
| <input type="checkbox"/> 21-30 persons | \$150.00 | <input type="checkbox"/> More than 30 persons | \$175.00 |
| <input type="checkbox"/> Mobile food unit
(Code #208) | \$100.00 | <input type="checkbox"/> Roadside food vendor | \$100.00 |

Food service annual grease trap fee (renewable ever year) \$100.00
(Code #256)

· The operator agrees to comply with all State and City regulations

3. Name/position of individual submitting payment: _____

Signature of individual submitting payment: _____ Date: _____

Total Amount Paid \$ _____ (Total of Food Service Fee Plus Grease Trap Fee)

Submit Payment to:
City of Gilmer, Attn: Health Department - PO Box 760 - Gilmer, TX 75644
Telephone: 903-843-8206 or 903-843-2552
