

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: _____

Telephone: _____

Local contact name: _____ Telephone: _____

2. Owner's Name: _____ Address: _____

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

The operator understands that the permit issued will expire after 365 days, 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:

Code: 208

- | | | | |
|---|----------|---|----------|
| <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 | \$100.00 | <input type="checkbox"/> Roadside food vendor | \$100.00 |

Food service annual grease trap fee (expires after 1 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: 903-843-8209 or 903-843-2552

For Office Use Only

Employee Receiving Payment: _____ Pymt. Amt. Rec'd: _____

Date: _____ Check # _____ or Paid Cash