



- ___ New
- ___ Renewal
- ___ Change of Name
- ___ Change of Owner

DATE SUBMITTED		PERMIT NO	
BUSINESS NAME			
BUSINESS OWNER			
PHYSICAL ADDRESS			
MAILING ADDRESS			
PHONE			
EMAIL			
PROPERTY OWNER			
PHONE #			
HOURS OF OPERATION			
LOCATION MANAGER:			
NAME			
PHONE #			
ARE ALL PRODUCTS PRE-PACKAGED?			
★ WILL ANY FOOD BE PREPARED ON-SITE?			
★ Preparation area will require inspection.			
PLEASE INDICATE BUSINESS TYPE (RESTAURANT, GROCERY STORE, ETC.):			
WILL THERE BE ANY 3rd PARTY SUBLET/CATERER(S) USING KITCHEN FACILITIES:			
CORPORATE OFFICER(S) CONTACT INFO:			
VERIFICATION			
I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document and eligible to receive this permit. I agree to abide by the applicable provisions of 25 Texas Administrative Code, Chapters 228 and 229 and Chapter 437 of the Texas Health and Safety Code. I certify that I have read and will abide by the Texas Food Establishment Rules (TFER) for food safety.			
SIGNATURE OF APPLICANT		DATE SIGNED	
APPROVAL SIGNATURE		DATE APPROVED	

FOOD ESTABLISHMENT PERMIT APPLICATION

Products being sold must be labeled with ingredients, packaging date, and seller contact information.

Food handler certification or accredited food safety course certificate must accompany application.

City of Gainesville
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Gainesville Area
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