



Gillespie County
Health Division

Gillespie County Health Division 2023

Retail Food & Beverage Operation Permit Application

Mail to: 126 West Main, Fredericksburg, TX 78624

Make Checks payable to: Gillespie County Health Division

Retail Food & Beverage Operation

Permit # Issued _____

1. Complete in Full: Name of Business: _____ Telephone Number: _____ Location Address: _____ <small style="display: inline-block; width: 25%; text-align: center;">Address</small> <small style="display: inline-block; width: 25%; text-align: center;">City/State</small> <small style="display: inline-block; width: 25%; text-align: center;">Zip Code</small> Mailing Address: _____ <small style="display: inline-block; width: 25%; text-align: center;">Address</small> <small style="display: inline-block; width: 25%; text-align: center;">City/State</small> <small style="display: inline-block; width: 25%; text-align: center;">Zip Code</small> Email Address: _____ Permit Contact: _____ Email: _____ Telephone Number: _____ Owner: _____ Email: _____ Telephone Number: _____		
2. Certified Food Manager (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No CFM Name: _____ CFM Expiration: _____ A certified food protection manager shall be present at the food establishment during all hours of operation as required in Food Code, § 2-101.11 and § 2-102.12. Failure to have a CFM present at your establishment will result in a Notice of Violation or suspension of your food permit.	3. Amended Permit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Location Effective Date of Change: _____ *** Requires submission of new application, plan review packet, and application fee.	
4. Number of Employees: <input type="checkbox"/> 1-5 employees \$350 permit fee <input type="checkbox"/> 6-19 employees \$400 permit fee <input type="checkbox"/> 20+ employees \$450 permit fee		
5. Profile: Hours of Operation: Start _____ Finish _____ Days Open: _____		
<p>VERIFICATION: Application for a permit to operate does not guarantee that a permit will be granted. Permit approval is based upon compliance with State and local health ordinances. Permits are non-transferable. Failure to comply with State and local health ordinances could result in revocation of permit and closure of the establishment. Permits are not transferable and expire annually on December 31st. No prorating of permit for those paid out of cycle.</p> <p>In making application for a HEALTH PERMIT which is necessary to operate my business, I understand and agree to comply with all Gillespie County Health Division city and county ordinances, and State laws that may govern the conduct or operation of my business.</p> <p>NOTE: EXPIRATION / REVOCATION OF PERMIT SUBJECTS FACILITY TO IMMEDIATE CLOSURE.</p>		
_____ Signature		_____ Date
_____ Printed Name and Title		
<i>Office use only</i> Fee: _____ Payment Method: _____ Payment Date: _____		