



Health Permit Application

6800 Main Street, The Colony, Texas 75056
Phone 972-624-3158 * Fax 972-624-2229

Permit #:	_____	Date:	_____
RFSM:	<input type="checkbox"/> Reg	<input type="checkbox"/> Not Reg	<input type="checkbox"/> Lic exp

Incomplete application and/or submittal will delay the review process.

THIS APPLICATION IS FOR HEALTH RELATED BUSINESSES ASSOCIATED WITH FOOD, BEVERAGE OR COMMERCIAL SWIMMING POOLS, SPAS OR SPLASH ZONES.

Health Permit Swimming Pool/Spa/Splash Zone

Establishment must notify the City of any changes to the information below within 10 business days to avoid enforcement actions.

Business Name: _____
 Business Location: _____ Suite Number: _____
 Business Phone: _____ Business Fax: _____

Mailing Address (for correspondence purposes, for example: annual renewal notices)

Address _____
 City _____ State _____ Zip _____

Business Owner

Name _____ E-mail _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Mobile _____

Manager

Name _____ E-mail _____
 Phone _____ Mobile _____

Health Permit Information

Type of Permit New Establishment Proposed Opening Date _____
 Annual Renewal Seasonal (schedule required) Change of Ownership

Type of Establishment Child Care (\$200) Seasonal (\$100 per 6 months) Schools
 Grocery Store <8,000 sq. ft. GFA (\$350) Restaurant <2,000 sq. ft. GFA (\$350) Mobile Truck Permit - Hot (\$200)
 Grocery Store >8,000 sq. ft. GFA (\$550) Restaurant >2,000 sq. ft. GFA (\$550) Mobile Truck Permit - Cold (\$150)
 Warehouse/Distribution/Catering <2,000 sq. ft. GFA (\$350) Convenience Store (\$265)
 Warehouse/Distribution/Catering >2,000 sq. ft. GFA (\$550) Convenience Store with deli (\$320)

Registration of Food Service Manager (RFSM)

A RFSM is required to be on duty at all times during operation. Failure to comply may result in enforcement actions by the Health Department.

Name _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Certified Food Manager # _____ Email _____

Pool/Spa/Splash Zone Information (A separate application must be submitted for each type.) Estimated Season Start Date _____
 New Annual Renewal # Of Swimming Pools _____ # Of Spas _____ # Of Splash Zones _____
 (\$150 first / \$100 each additional)

I hereby recognize that the City of the Colony is a Regulatory Authority approved by the Department of State Health Services and agree to abide by the City's Code of Ordinances relating to Swimming Pools/Spas, Food and Food Establishments. I understand that if the application is filed, the permit fee will not be refunded, regardless of approval or denial of permit. I also understand that any permit granted as a result of the application may be suspended or revoked for failure to comply with the City's Code of Ordinances affecting public health.

Signature _____ Date _____