



Registered Food Service Manager (RFSM) Application

LicenseTRAK #: _____ Date: _____

6800 Main Street
Phone 972-624-3158 * Fax 972-624-2229

*Incomplete application and/or submittal will delay the review process.
Submit a copy of your state issued photo identification and certified food manager certification with application.*

THIS APPLICATION IS TO REGISTER AS A REGISTERED FOOD SERVICE MANAGER WITH THE CITY AFTER PASSING THE STATE MANDATED EXAM.

New Renewal

Registration of Food Service Manager (RFSM)

Name _____

Phone _____ Email _____

Food Service Manager Certificate Issuer: _____

Certified Food Manager # _____ Expiration Date _____

*It is the responsibility of the applicant to maintain his/her registration status with the City.
If registration expires or lapses, enforcement actions may result.*

Employer: _____

Employer Address: _____ Suite #: _____

Employer Phone: _____ Employer Fax: _____

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.

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 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** _____