



City of McAllen
 Health & Code Enforcement
 311 N. 15th Street McAllen, TX 78501
 Phone: 956-681-1900
 Fax: 956-681-1918

Application for “Food Establishment Permit”

BUSINESS APPLICANT

Date: _____

Business Name: _____

Business Address: _____ City: _____ Zip Code: _____

Business Phone: () _____ Cell Phone: () _____

Most Responsible Person In Charge at Business Location Phone: () _____

Business Owner Name: _____

(If Different Than Business Address)

Mailing Address: _____ City: _____ Zip Code: _____

Email: _____

No. of Employees: _____ Classification: _____

City of McAllen Code of Ordinances, Chapter 54 - HEALTH AND SANITATION

Sec. 54-41. - Required; transfer prohibited; posting; temporary permits.

(a) It shall be unlawful for any person to operate a food establishment or retail food store within the city without a valid permit issued to him by the regulatory authority of the city. Only a person who complies with the provisions of this article shall be entitled to receive and retain such a permit.

(b) Permits shall not be transferable from one person to another person or from one food establishment or retail food store to another such establishment or retail food store.

(c) A valid permit shall be posted in a conspicuous place in every food establishment and retail food store.

(d) Permits for temporary food service establishments shall be issued for a period of time not to exceed 14 days.

(Code 1966, § 15-32; Ord. No. 1999-45, § 3, 4-26-99)

Applicant Signature: _____ **Date:** _____

Rev. 04-29-2019



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Sec. 54-42. - Application; inspection by health department; issuance; fee.

(a) Application. Any person desiring to operate a food service establishment or retail food store within the city shall make a written application for such permit on forms to be provided by the city health department. Such application shall include the following information:

(1) The applicant's full name, office address and telephone number, including the address and telephone of the home office, if any, and whether such applicant is an individual, firm or corporation; and, if a partnership, the names, addresses and telephone numbers of the general and/or limited partners;

(2) The location and type of food establishment or retail food store;

(3) The signature of the applicant or applicants; and

(4) If the application is for a temporary food service establishment, it shall include the inclusive dates of the proposed operation of such establishment.

(b) Inspections. Upon receipt of such application, the health department shall make an inspection of the food establishment or retail food store to determine compliance with the provisions of this article. The health department may make such inspections thereafter as it shall deem necessary to ensure compliance with the provisions of this article. If an inspector is required to return to an establishment for a third inspection due to failure of the previous two or due to serious, immediate public health violations as determined by the director of health and code compliance, the establishment shall be assessed a \$50.00 reinspection fee.

(c) Issuance; fee. When inspection by the health department reveals that the applicable requirements of this article have been met, including the payment of a permit fee as required in this subsection, a permit shall be issued to the applicant by the health department. The annual permit fee to be paid by each applicant shall be as follows:

Food establishment and retail food store permit Fees:

1—5 employees \$300.00

6—20 employees \$500.00

21+ employees \$700.00

Applicant Signature: _____ **Date:** _____



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Note: A Food employee is an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces under TFER §228.2(56).

Type of Business: (Check mark one below)

- Individual Partnership Corporation Franchise

I’m applying for a Food Establishment Permit, which is required to operate my business. I understand and agree to comply with all City of McAllen Ordinances and other City and State Laws that may govern my particular business. I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify this application and may result in revocation of food permit.

X

A p p l i c a n t ' s S i g n a t u r e a n d T i t l e

OFFICE USE

 Date Issued

 Inspector Signature

 Permit Fee

 Permit No.