

CITY OF NORTH RICHLAND HILLS 2017 HEALTH PERMIT APPLICATION

GENERAL INFORMATION			
DATE:	ESTABLISHMENT NAME:	STREET ADDRESS OF ESTABLISHMENT:	
NAME OF VENDOR / OWNER / CORPORATION:		NAME OF MANAGER/REPRESENTATIVE:	
ADDRESS OF OWNER / CORPORATION:		CITY / STATE / ZIP:	EMAIL ADDRESS:
		AFTER HOURS PHONE NUMBER:	
DAYTIME PHONE NUMBER:	DRIVERS LICENSE NUMBER (PROVIDE A COPY):	CELL PHONE NUMBER:	BILLING ADDRESS: (SAME AS OWNER / SAME AS FACILITY / OTHER)
EMERGENCY CONTACT:	EMERGENCY CONTACT NUMBER:	EMERGENCY CONTACT CELL:	EMERGENCY CONTACT EMAIL ADDRESS:

PERMIT INFORMATION	
<p>A. HOURS OF OPERATION (HOURS / DAYS): _____</p> <p>B. ON-SITE DINING: _____ YES _____ NO</p> <p>C. MALE & FEMALE RESTROOMS: _____ YES _____ NO RESTROOMS ACCESSIBLE TO PUBLIC: _____ YES _____ NO</p> <p>D. GREASE TRAP SIZE (GALLONS) _____</p> <p>E. ALCOHOL SERVED: _____ YES _____ NO ALCOHOL SALES PERMIT INFORMATION: 817-427-6077</p> <p>F. CERTIFICATE OF OCCUPANCY PERMIT NUMBER: _____ PLANNING & INSPECTIONS: 817-427-6300, FIRE DEPT. 817-427-6900</p> <p>G. NEW FACILITY: _____ YES _____ NO PLANS, MENU, EQUIPMENT/FINISH SCHEDULE REQUIRED</p> <p>H. CHANGE OF OWNERSHIP: _____ YES _____ NO</p>	<p>I. STATE-APPROVED FOOD MANAGER: _____ CERTIFICATION NUMBER: _____</p> <p>**A HEALTH INSPECTION IS REQUIRED AND ALL NOTED CORRECTIONS MUST BE MADE PRIOR TO OBTAINING A CERTIFICATE OF OCCUPANCY. NO FOOD IS ALLOWED IN A FACILITY WITHOUT HEALTH DEPARTMENT APPROVAL.</p> <p>**ALL EMPLOYEES OF A FOOD ESTABLISHMENT MUST OBTAIN ACCREDITED FOOD HANDLER CARDS WITHIN 30 DAYS OF HIRE.</p> <p>ONE CERTIFIED FOOD MANAGER IS REQUIRED FOR EACH PERMITTED FACILITY. OWNERS, MANAGERS, & WORKERS ARE SUBJECT TO CITATION FOR WORKING WITHOUT CERTIFICATION.</p>

PRIORITY CLASSIFICATION/FEE CALCULATION.		Fees must be paid prior to final inspection.																																		
Low Priority:	Pre-packaged and non PHF/TCS foods	\$270.00	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>LOW PRIORITY HEALTH PERMIT</td> <td style="text-align: right;">\$270.00</td> <td style="width: 10%; text-align: center;">_____</td> </tr> <tr> <td>PRORATED LOW PRIORITY PERMIT</td> <td style="text-align: right;">\$135.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>MEDIUM PRIORITY HEALTH PERMIT</td> <td style="text-align: right;">\$398.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>PRORATED MEDIUM PRIORITY PERMIT</td> <td style="text-align: right;">\$199.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>HIGH PRIORITY HEALTH PERMIT</td> <td style="text-align: right;">\$467.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>PRORATED HIGH PRIORITY PERMIT</td> <td style="text-align: right;">\$233.50</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>ELEVATED PRIORITY HEALTH PERMIT</td> <td style="text-align: right;">\$536.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>PRORATED ELEVATED PRIORITY PERMIT</td> <td style="text-align: right;">\$268.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Application Fee (New Owner/Business)</td> <td style="text-align: right;">\$104.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Plan Review Fee</td> <td style="text-align: right;">\$123.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL FEES</td> <td style="text-align: center;">_____</td> </tr> </table>	LOW PRIORITY HEALTH PERMIT	\$270.00	_____	PRORATED LOW PRIORITY PERMIT	\$135.00	_____	MEDIUM PRIORITY HEALTH PERMIT	\$398.00	_____	PRORATED MEDIUM PRIORITY PERMIT	\$199.00	_____	HIGH PRIORITY HEALTH PERMIT	\$467.00	_____	PRORATED HIGH PRIORITY PERMIT	\$233.50	_____	ELEVATED PRIORITY HEALTH PERMIT	\$536.00	_____	PRORATED ELEVATED PRIORITY PERMIT	\$268.00	_____	Application Fee (New Owner/Business)	\$104.00	_____	Plan Review Fee	\$123.00	_____	TOTAL FEES		_____
LOW PRIORITY HEALTH PERMIT	\$270.00	_____																																		
PRORATED LOW PRIORITY PERMIT	\$135.00	_____																																		
MEDIUM PRIORITY HEALTH PERMIT	\$398.00	_____																																		
PRORATED MEDIUM PRIORITY PERMIT	\$199.00	_____																																		
HIGH PRIORITY HEALTH PERMIT	\$467.00	_____																																		
PRORATED HIGH PRIORITY PERMIT	\$233.50	_____																																		
ELEVATED PRIORITY HEALTH PERMIT	\$536.00	_____																																		
PRORATED ELEVATED PRIORITY PERMIT	\$268.00	_____																																		
Application Fee (New Owner/Business)	\$104.00	_____																																		
Plan Review Fee	\$123.00	_____																																		
TOTAL FEES		_____																																		
Medium Priority:	Limited handling: groceries, produce market, sandwich shop, ice cream, bakery, pizza, bars, candy stores.	\$398.00																																		
High Priority:	Extensively handling: full service restaurant, fast food, deli, seafood, or fresh meat market, caterer.	\$467.00																																		
Elevated Priority:	Serves a highly susceptible population, i.e. hospital, nursing home, or assisted living; operates 24 hours/day super buffet; or other condition that requires elevated inspection frequency.	\$536.00																																		

NOTE: Priority Fees are reduced 50% (prorated) after May 1 of each year.

I hereby certify that the foregoing information is correct to the best of my knowledge and that said work be performed in accordance with the contained herein and in compliance with the building codes and ordinances adopted by the City of North Richland Hills.

NAME(Printed): _____ DATE _____ SIGNATURE: _____