



FOOD ESTABLISHMENT PERMIT APPLICATION

Date: _____

Application Type: [] New Construction [] Remodel [] Tenant Change [] Ownership Change

Name of Establishment: _____

Category: [] Restaurant [] Institution [] Daycare [] Retail Market [] Other: _____

Address: _____

Phone # _____

Contact Name: _____ Contact Phone # _____

Name of Owner: _____

Address of Owner: _____

Phone # _____ Cell # _____

Applicant's Name: _____ Title: _____

Address: _____

Phone # _____ Cell # _____

Email: _____

Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Sat _____ Sun _____

Number of Seats (including outdoor seating) _____ Number of Staff _____

Total Square Footage of Facility _____

Check all that apply:

Meals to be served: [] Breakfast [] Lunch [] Dinner

Type of Service: [] Sit Down Meal [] Caterer [] Mobile Vendor [] Take Out [] Other: _____

Projected Project Start Date: _____ Completion Date: _____

License Holder Information: Please enter the 11-digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts.

_____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

I Certify that all information in this application is true and correct. I understand that the permit issued is non-transferrable and that the permit remains the property of the City of Mineral Wells and shall be subject to revocation if the establishment/vendor fails to comply with City and State rules.

Signature of Applicant: _____ Date: _____

Please enclose the following documents:

- Proposed Menu (including seasonal, off-site and banquet menus)
- Manufacturer Specification sheets for each piece of equipment shown on the plan
- Site plan showing location of business in the building; location of the building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system – if applicable)
- Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- Equipment schedule

CONTENT AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 8 ½ x 11 inches in size including the layout of the floor plan and accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
3. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
4. On the plan represent auxiliary areas such as storerooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
5. Include and provide specifications for:
 - a. Complete finish schedules for each room including floors, walls, ceilings, and coved junction bases.
 - b. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention and wastewater line connections.
 - c. Lighting schedule with protectors
 - d. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable)
 - e. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
 - f. Ventilation schedule for each room including restrooms.
 - g. Mop sink or curbed cleaning facility with facilities for hanging wet mops and brooms.
 - h. Garbage can washing area/facility.
 - i. Cabinets for storing toxic chemicals.
 - j. Dressing rooms, locker areas, employee rest areas and/or coat rack.

FOOD SUPPLIES:

1. What are the projected frequencies of deliveries for:
Frozen Foods _____, Refrigerated Food _____,
and Dry Goods _____.
2. How will dry goods be stored off of the floor? _____
3. Provide information on the amount of space (in cubic feet) allocated for:
Dry Storage _____, Refrigerated Storage _____
Frozen Storage _____, Utensil Storage _____

COOKING

List types of cooking equipment that will be used:

FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas:

NEW BUILDS NEED TO FILL THIS OUT, IF NOT A NEW BUILD PLEASE N/A EACH FIELD.

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage and refuse storage				
Mop service basin area				
Ware washing area				
Walk-In Refrigerators and Freezers				

PLUMBING CONNECTIONS

NEW BUILDS NEED TO FILL THIS OUT, IF NOT A NEW BUILD PLEASE N/A EACH FIELD.

	Air Gap	Vacuum Breaker
Ice Machines		
Ice Storage Bin		
Mop Sink		
Handwashing Sinks		
3 Compartment Sink		
Steam Tables		
Dipper Wells		
Condensate/Drain Lines		
Hose Connection		
Beverage Dispenser w/Carbonator		
Other		

WATER SUPPLY

1. Is the building connected to municipal water?
[] Yes [] No
2. If no, is the private water supply approved?
[] Yes [] No [] Pending *Please attach written copy of approval or permit.
3. What is the capacity of the hot water heater? _____
4. How are the backflow prevention devices inspected and serviced?

SEWAGE DISPOSAL

1. Is the building connected to municipal sewer?
[] Yes [] No
2. If no, is the private disposal system approved?
[] Yes [] No [] Pending *Please attach written copy of approval or permit.

GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
[] Yes [] No Location: _____
2. Are all toxics for use on the premises or for retail sale (this includes personal medications), stored away from food preparation and storage areas? [] Yes [] No
3. Will linens be laundered on site? [] Yes [] No
-If yes, what will be laundered and where? _____
-if no, how will linens be cleaned? _____
4. Is a laundry dryer available? [] Yes [] No
*A dryer is required if a washer is used for linen cleaning.

DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing? [] Dishwasher [] 3 Compartment Sink
2. Dishwasher: type of sanitization used
_____ Hot Water (temp. provided)
_____ Booster Heater
_____ Chemical Type
3. Do all dish machines have temperature/pressure gauges as required that are accurately working? [] Yes [] No
4. Does the largest pot and pan fit into each compartment of the pot sink? [] Yes [] No
5. If no, what is the procedure for manual cleaning and sanitizing?

6. Are there drain boards on both ends of the pot sink? [] Yes [] No
7. What type of sanitizer is used?
[] Chlorine [] Iodine [] Hot Water [] Quaternary Ammonium [] Other: _____

HANDWASHING FACILITIES

1. Is there a hand washing sink in EACH food preparation and ware washing area? [] Yes [] No
2. Do self-closing metering faucets provide flow of water for at least 15 seconds without the need to reactivate the faucet? [] Yes [] No

DRESSING ROOMS

1. Are dressing rooms provided? [] Yes [] No
2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, umbrellas, shoes, etc.)

INSECT AND RODENT CONTROL

1. Will outside doors be self-closing and rodent proof? [] Yes [] No [] N/A
2. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? [] Yes [] No [] N/A
3. Will air curtains be used? [] Yes [] No [] N/A
If yes, Where? _____