



116 W. Bridge Street, Granbury, Texas 76048  
 (817)573-9692, FAX (817)5793-7678

**HEALTH DEPARTMENT  
 2011 RETAIL FOOD ESTABLISHMENT APPLICATION**

Annual Renewal                       New Construction  
 Change of Ownership                 Remodel

**\*\*\*New Construction, remodels or add-ons must submit prepared plans\*\*\***

1. Name of Establishment: \_\_\_\_\_
2. Establishment Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Owner of Business: \_\_\_\_\_
5. Type of Ownership: Proprietorship\_\_\_\_ Partnership\_\_\_\_ Corporation\_\_\_\_ Other\_\_\_\_\_
6. Who has controlling interest in the business: \_\_\_\_\_
7. Establishment Phone # \_\_\_\_\_ Owner Phone # \_\_\_\_\_
8. Hours of operation \_\_\_\_\_
9. Nature of this business, please check all that apply:

<input type="checkbox"/> Full service restaurant	\$175.00
<input type="checkbox"/> Full service restaurant with bar	\$250.00
<input type="checkbox"/> Fast food restaurant	\$175.00
<input type="checkbox"/> Convenience Store - grocery only	\$100.00
<input type="checkbox"/> Convenience Store with Deli or Customer self-serve food	\$150.00
<input type="checkbox"/> Grocery Store only	\$100.00
<input type="checkbox"/> Grocery Store with Meat Market – add	\$100.00
<input type="checkbox"/> Grocery Store with Seafood Department - add	\$100.00
<input type="checkbox"/> Grocery Store with Deli – add	\$100.00
<input type="checkbox"/> Grocery Store with Bakery – add	\$100.00
<input type="checkbox"/> Bakery/Donut Shop	\$150.00
<input type="checkbox"/> Hospital or Nursing Home or Asst'd. Living	\$150.00
<input type="checkbox"/> Day Care Center w/ meal preparation	\$125.00
<input type="checkbox"/> Day Care Center (Sanitation inspection only- snacks only)	\$ 50.00
<input type="checkbox"/> Catering Business only	\$100.00
<input type="checkbox"/> Bar only	\$100.00
<input type="checkbox"/> Breakfast Bar	\$100.00
<input type="checkbox"/> Concession Stand or Sampling Only	\$100.00
<input type="checkbox"/> School District	\$150.00
<input type="checkbox"/> **Reinspection Fee (Due to violation, excessive complaints, or substandard score)	\$100.00

Applicant Name (Please Print) \_\_\_\_\_  
 Title or Position: \_\_\_\_\_  
 Drivers License No. \_\_\_\_\_ State \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*"I understand that any permit granted from this application may be revoked for non-compliance. Failure to comply with the City of Granbury Food Establishment Rules & Regulations shall be deemed cause for revocation and/or citation."*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

After you complete the form you must then enter your signature electronically and save the file for your records. Email the saved file to [bmauldin@granbury.org](mailto:bmauldin@granbury.org).