



116 W. Bridge Street, Granbury, Texas 76048
 (817) 573-1114, FAX (817) 579-9064, EMAIL: inspections@granbury.org

**HEALTH DEPARTMENT
 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. Email address _____
10. 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	\$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/ Independent 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"/> Catering 1 time only	\$ 50.00
<input type="checkbox"/> Bar only	\$100.00
<input type="checkbox"/> Breakfast Bar	\$100.00
<input type="checkbox"/> Concession Stand/Sampling/Seasonal Sales	\$100.00
<input type="checkbox"/> School District	\$150.00
<input type="checkbox"/> Hotel, Motel, and Guest Houses, B&B's (fewer than 20 rooms)	\$100.00
<input type="checkbox"/> Mobile Food Vendor (Health Permit & Vendor Fee)	\$350.00

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 _____