

## CITY OF NORTH RICHLAND HILLS 2019 HEALTH PERMIT APPLICATION

<b>GENERAL INFORMATION</b>			
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:	
BUSINESS PHONE NUMBER:	DRIVERS LICENSE NUMBER (PROVIDE A COPY):	CELL PHONE NUMBER:	BILLING ADDRESS:
EMERGENCY CONTACT:	EMERGENCY CONTACT NUMBER:	EMERGENCY CONTACT CELL:	EMERGENCY CONTACT EMAIL ADDRESS:

<b>PERMIT INFORMATION</b>	
<p>A. HOURS OF OPERATION (HOURS / DAYS): _____</p> <p>B. ON-SITE DINING: _____ YES _____ NO</p> <p>C. MALE &amp; FEMALE RESTROOMS: _____ YES _____ NO</p> <p>RESTROOMS ACCESSIBLE TO PUBLIC: _____ YES _____ NO</p> <p>D. GREASE TRAP SIZE (GALLONS) _____</p> <p>E. ALCOHOL SALES: _____ YES _____ NO</p> <p>GAMING MACHINES PERMIT INFORMATION: 817-427-6060</p> <p>F. CERTIFICATE OF OCCUPANCY PERMIT NUMBER: _____</p> <p>PLANNING &amp; INSPECTIONS: 817-427-6300, FIRE DEPT. 817-427-6900</p> <p>G. NEW FACILITY: _____ YES _____ NO</p> <p>PLANS, MENU, EQUIPMENT/FINISH SCHEDULE REQUIRED</p> <p>H. CHANGE OF OWNERSHIP: _____ YES _____ NO</p>	<p>I. STATE-APPROVED FOOD MANAGER: _____</p> <p>CERTIFICATION NUMBER: _____</p> <p><b>**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.</b></p> <p><b>**ALL EMPLOYEES OF A FOOD ESTABLISHMENT MUST OBTAIN ACCREDITED FOOD HANDLER CARDS WITHIN 30 DAYS OF HIRE.</b></p> <p><b>ONE CERTIFIED FOOD MANAGER IS REQUIRED FOR EACH PERMITTED FACILITY. OWNERS, MANAGERS, &amp; WORKERS ARE SUBJECT TO CITATION FOR WORKING WITHOUT CERTIFICATION.</b></p>

PRIORITY CLASSIFICATION/FEE CALCULATION.		Fees must be paid prior to final inspection.																																		
<b>Low Priority:</b>	Pre-packaged and non TCS foods	<b>\$275.00</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><b>LOW PRIORITY HEALTH PERMIT</b></td> <td style="text-align: right;"><b>\$275.00</b></td> <td style="width: 10%; text-align: center;">_____</td> </tr> <tr> <td>PRORATED LOW PRIORITY PERMIT</td> <td style="text-align: right;">\$137.50</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><b>MEDIUM PRIORITY HEALTH PERMIT</b></td> <td style="text-align: right;"><b>\$406.00</b></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>PRORATED MEDIUM PRIORITY PERMIT</td> <td style="text-align: right;">\$203.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><b>HIGH PRIORITY HEALTH PERMIT</b></td> <td style="text-align: right;"><b>\$476.00</b></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>PRORATED HIGH PRIORITY PERMIT</td> <td style="text-align: right;">\$238.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><b>ELEVATED PRIORITY HEALTH PERMIT</b></td> <td style="text-align: right;"><b>\$546.00</b></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>PRORATED ELEVATED PRIORITY PERMIT</td> <td style="text-align: right;">\$273.00</td> <td style="text-align: center;">_____</td> </tr> <tr> <td><b>Application Fee</b> (New Owner/Business)</td> <td style="text-align: right;"><b>\$106.00</b></td> <td style="text-align: center;">_____</td> </tr> <tr> <td><b>Plan Review Fee</b></td> <td style="text-align: right;"><b>\$125.00</b></td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>TOTAL FEES</b></td> <td style="text-align: center;">_____</td> </tr> </table>	<b>LOW PRIORITY HEALTH PERMIT</b>	<b>\$275.00</b>	_____	PRORATED LOW PRIORITY PERMIT	\$137.50	_____	<b>MEDIUM PRIORITY HEALTH PERMIT</b>	<b>\$406.00</b>	_____	PRORATED MEDIUM PRIORITY PERMIT	\$203.00	_____	<b>HIGH PRIORITY HEALTH PERMIT</b>	<b>\$476.00</b>	_____	PRORATED HIGH PRIORITY PERMIT	\$238.00	_____	<b>ELEVATED PRIORITY HEALTH PERMIT</b>	<b>\$546.00</b>	_____	PRORATED ELEVATED PRIORITY PERMIT	\$273.00	_____	<b>Application Fee</b> (New Owner/Business)	<b>\$106.00</b>	_____	<b>Plan Review Fee</b>	<b>\$125.00</b>	_____	<b>TOTAL FEES</b>		_____
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<b>Medium Priority:</b>	Limited handling: groceries, produce market, sandwich shop, ice cream, bakery, pizza, bars, candy stores.	<b>\$406.00</b>																																		
<b>High Priority:</b>	Extensively handling: full service restaurant, fast food, deli, seafood, or fresh meat market, caterer.	<b>\$476.00</b>																																		
<b>Elevated Priority:</b>	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.	<b>\$546.00</b>																																		

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: \_\_\_\_\_