

****THIS ONLY APPLIES if you serve food in your booth.****

Town of Fulton
Retail Food Establishment Application
P.O. Box 1130 • Fulton, Texas 78358
361-729-5533

Application for Food-Related Establishment Permit

Name of Business: _____

Owner's Name: _____ Phone: (_____) _____

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Manager's Name: _____ Phone: (_____) _____

Number of employees: _____ Do employees have Employee Food Handler Cards: Yes ____ No ____

Does owner/manager have Food Service Manager's Card: Yes ____ No ____

Check Type of Establishment:

- Retail - Pre-packaged foods only
- Retail - With food service
- Retail- With meat market &/or deli &/or bakery
- Mobile Food Vending Unit
- Bars / Taverns, etc
- Meat Market (includes Fish Market)
- Food Service Only

Food Service &-Bar/Lounge Permit Fees

- 0-3 Employees per establishment\$70.00
 - 4-6 Employees per establishment\$120.00
 - 7-9 Employees per establishment\$220.00
 - 10-15 Employees per establishment\$320.00
 - 16+ Employees per establishment\$420.00
- The Town of Fulton does not differentiate between full-time and part-time employees.
- Mobile vendors (Meat trucks, ice cream trucks, shrimp vendors, etc.) Annual Health Permit per vehicle per year \$60.00

Temporary events

Such as carnivals, festivals or other related events, if they sell food or beverages to the public, may be granted a Health Permit good for 14-days or the duration of the event for a one-time permit cost of \$25.00

In making application for a HEALTH PERMIT, which is necessary to operate my business I understand and agree to comply with all State, County and City Laws and/or ordinances that may govern the conduct or operation of my business/group. I understand that failure to operate according to this agreement may result in the closing of the operation of my business/group. I understand that failure to operate according to this agreement may result in the revocation of this permit and/or other legal remedies as stated in regulations applicable to my business/activity.

Applicant signature: _____ Date: _____

Applicant Driver's License Number: _____ State: _____

- Office Use Only -

Approved by: _____ Date: _____