

**\*\*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      The Town of Fulton does not differentiate
  - 4-6 Employees per establishment ..... \$120.00      between full-time and part-time employees.
  - 7-9 Employees per establishment ..... \$220.00
  - 10-15 Employees per establishment ..... \$320.00       Mobile vendors (Meat trucks, ice cream
  - 16+ Employees per establishment ..... \$420.00      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: \_\_\_\_\_