



**City of Brownsville
Department of Public Health
1034 E. Levee 2nd Floor**

Application to Operate a Food Establishment

All items must be completed on this application before a license will be considered for issuance. Application for a license to operate does not guarantee a license will be granted. License approval is based upon compliance with local health ordinances. **In the event that no license is issued, the license fee will not be refunded. Licenses are non-transferable.**

Business name: _____

Business Address: _____ Zip Code: _____

Business Phone: (_____) _____

Owner's Name _____ Phone: _____

Home address: _____

City _____ State _____ Zip Code _____

Email: _____

SECTION A:

Choose what applies

- () Restaurant () Bakery () Tortilleria () Fruit Stand () Retail () Public School
- () Day Care () Nursing Home () Drinking Est. () Meat Market () Seafood Mkt
- () Raspas/Ice Cream Stand () Deli () Private School () Public Cafeteria
- () Snack Bar () Catering () Mobile Unit

All food permits must comply with basic Food Handlers certification and /or Managers certification if applicable.

Service Type: () Seated () Carryout () Non seated to go orders only

Serving: () Breakfast () Lunch () Dinner

Check categories of Potentially Hazardous Food to be handled, prepared and served.

	YES	NO
1. Thin meats, poultry, fish, and eggs (Hamburgers; sliced meats; fillets)	()	()
2. Thick meats, whole poultry (Roast beef; whole turkey; chicken; ham)	()	()
3. Cold processed foods (Salads, sandwiches, vegetables)	()	()
4. Hot processed foods (Soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
5. Bakery goods (Pies, custards, cream fillings & toppings)	()	()
6. Others _____		

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. What are the projected frequencies of deliveries for Frozen foods _____
Refrigerated foods _____ and Dry goods _____
2. Provide information on the amount of space (square feet) allocated for:
Dry storage _____
Refrigerated storage _____
Frozen storage _____
3. How will dry goods be stored off the floor? _____

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods, frozen, and refrigerated foods at 41 degrees and below? **YES / NO**
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat-foods? **YES / NO**
If yes, how will cross-contamination be prevented?

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 135 degrees or above during holding for service?

2. How will cold PHF's be maintained at 41 degrees or below during holding for service?

REHEATING:

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165 degrees for 15 seconds.

2. How will reheating food to 165 degrees be done rapidly and within 2 hours?

PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will disposable gloves, utensils, and food grade paper be used to prevent handling of ready-to-eat foods? **YES / NO**

3. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____

Concentration: _____

Test Kit: **YES / NO**

4. Owner of Premise: _____

5. Total number of employees (Full/ Part-Time including self): _____

Hours of operation: _____

Days and hours of operation: _____

6. If a childcare facility gives capacity of children: _____

SECTION B MOBILE UNITS ONLY:

B. Base of operation Address:

Operator's Drivers License Number/State:

Type of vendor: () Unrestricted () Restricted

* An Unrestricted Vendor is allowed to prepare food on the unit.

* A Restricted Vendor offers prepackaged food.

Vehicle: () Van () Step Van () Pull Trailer

Vehicle Make _____ Model _____

Year _____ Color _____ VIN # _____

Mobile unit License Plate # _____ State _____

Mobile Unit VIN # _____

77 Flea market only: () C2MU () C3MU () C6Annual Table only

Various Sites mobile units 7 days a week along the city streets:

() C4MU Pre packaged ice cream bars

() C5MU Produce-corn tortillas

I understand that failure to comply with any ordinance to the City of Brownsville affecting Public Health shall be deemed cause for suspension and/revocation of your permit.

Business owner must sign this application and must be present at the time of applying.

Application Signature: _____ Date: _____

Print name: _____

LICENSE HOLDER INFORMATION: Please enter the 11 digit **State Tax Payer's** Identification number on file with the Texas Comptroller of Public Accounts.

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FOR OFFICE USE ONLY

License # _____ License Type: _____ Fee: _____

Approved: _____ Disapproved: _____ Date: _____

REASON FOR DISAPPROVAL:

COMMENTS:

All permits expire on the 15th day of the month one year from date of issuance. You will be mailed an annual renewal invoice. You can mail payment or come by our office.



City of Brownsville
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