



CITY OF DECATUR, TEXAS

1601 S. State Street
Phone 940-393-0250
Inspections Line 940-393-0259 * Fax 940-626-4629

RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION	
Permit #:	_____
Permit Fee:	_____
Late Fee:	_____
Total Fee Collected:	_____

NEW PERMITS ARE PERMITTED AT THE HIGHEST FEE (PERMITS ARE NOT PRORATED)
NO PERMIT WILL BE PROCESSED IF APPLICATION IS NOT COMPLETE,
NOT LEGIBLE, AND/OR REQUIRED DOCUMENTATION OR FEE IS INCORRECT AND/OR MISSING

Applicant Must Provide:

One (1) copy of Certified Food Manager Certificate CFM Name: _____

*Certified Food Manager must submit a separate registration application and registration fee to register with the City of Decatur.

Proof of gross annual food sales for previous year (Renewals Only) Gross Annual Sales \$ _____

ESTABLISHMENT TYPE: FOOD ESTABLISHMENT DAYCARE / HOTEL / NURSING HOME / SCHOOL

PERMIT TYPE: NEW ESTABLISHMENT RENEWAL MOBILE FOOD UNIT

Obtain Food Establishment Permit by: Pick up Mail - Please note local mailing address **ONLY** (Physical Address or P.O. Box)

FOOD ESTABLISHMENT INFORMATION

Name of Establishment: _____

Establishment Physical Address: _____

Establishment Local Mailing Address: _____ Fax: _____

Manager of Establishment: _____ Phone: _____ Email: _____

OWNERSHIP INFORMATION

TEXAS STATE SALES TAX OR TAX ID NUMBER **(Required)**: _____

Proprietorship Corporation* Partnership** Non Profit (Must Provide Tax Exempt Paperwork)

*Corporation, include name of Registered Agent in Texas

** Partnership - List all partners' names and addresses (use a separate sheet of paper if necessary)

Name of Proprietorship, Corporation, or Partnership: _____

Address: _____
Street City State Zip

Mailing address for renewal and/or information if different from above:

Address: _____
Street City State Zip

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

I understand any permit granted from this application may be revoked for cause. Failure to comply with the City of Decatur rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or any false or misleading information provided on this application, shall be deemed cause for revocation of the Food Establishment Permit and CLOSURE of the establishment.

Print Name Signature Position/Title Date