

# City of Pampa Health Department

**RETAIL/SEASONAL**

PERMIT # \_\_\_\_\_

## RETAIL and SEASONAL Food Operation Permit Application

Return both the completed application and non-refundable fee made payable to  
the CITY OF PAMPA and bring by or mail to:

City of Pampa, Health Department, P.O. Box 2499, Pampa, TX 79066-2499.

Name Under Which Business is Conducted (DBA): \_\_\_\_\_

Physical Address to be Licensed: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone # at address: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Is physical address within the city limits?                      Yes      No

Exemptions from Retail permitting: Non-Profit as a 501(C) organization. Please sign, date and return application.

### FEE SCHEDULE

Occupancy Load  
0 to 20 ..... \$100.00  
21 to 125 ..... \$150.00  
126 to 225 ..... \$200.00  
226 to 325 ..... \$250.00  
Over 326 ..... \$300.00

Seasonal ..... \$100

Square Feet  
0 to 500 ..... \$100.00  
501 to 3,000 ..... \$150.00  
3,001 to 5,000 ..... \$200.00  
5,001 to 15,000 ..... \$250.00  
15,000 to 30,000 ..... \$300.00  
Over 30,001 ..... \$400.00

- **Food Establishment** – any place where food is prepared and intended for individual portion service. This includes the site at which individual portions are provided for consumption on or off the premises and regardless of whether there is a charge for the food, bed & breakfasts with • 7 rooms, restaurants, bars, cafes, snack bars, hospitals that serve food to the general public, correctional facilities (jails) that contract with professional food management corporations for food preparation, privately-owned correctional facilities, etc.
- **Retail Food Store** – a food establishment or section of an establishment where food products are offered to the consumer and intended for off-premise consumption. This includes delicatessens that offer prepared food in bulk quantities only, grocery stores, markets, etc.

- **Seasonal Food Establishment** – a food establishment that operates less than 1,000 hours per year.

**Fees are non-refundable**

**Late Fee** – A person who files a renewal application after the expiration date must pay an additional \$75.00.

**ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$75.00 LATE FEE.**

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE TEXAS FOOD ESTABLISHMENT RULES, 25 TAC §§229.161 – 229.171, 229.173 – 229.175 AS ADOPTED BY THE CITY OF PAMPA, TEXAS.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

**New** - Start Date of Regulated Activity:

**Amended** - Change of Ownership [previous owner: ] Enter the date the change  
Change of Location [previous location: ] was effective  
Change of Name [previous name: ] Date:

Change of name, ownership, or change in the location of a licensed place of business, requires submission of a new application and fee.

**Renewal** - Renewals are valid for one year. **All permits must be renewed on or before April 30<sup>th</sup> of each year.**  
**Failure to submit the renewal fee before the expiration date will result in a delinquency fee for**  
**Each location and must be remitted before the license or permit will be issued.**

**Notice that firm is out of business. Date:**  
Sign and date. Return for deletion from our records.

**Not required to license/permit**  
Reason:

**BUSINESS HOURS OF OPERATION:** \_\_\_\_\_ m. to \_\_\_\_\_ m.

**WEBSITE/INTERNET ADDRESS:** http://www. \_\_\_\_\_

**BILLING INFORMATION** (The license/permit and/or courtesy renewal notice will be sent to the following):

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of Application Preparer (Contact Person): \_\_\_\_\_

Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_

Fax Number of Application Preparer (Contact Person): \_\_\_\_\_

E-mail Address of Application Preparer: \_\_\_\_\_

**REQUIRED BEFORE PERMIT MAY BE ISSUED**

**Texas State Tax ID Number**

**Certified Food Manager's Certificate**