



Office Use- 2021 New Establishment- NEW BUSINESS OPENING IN _____
New Owner – DATE OF OWNERSHIP CHANGE? _____
2021 Renewal-SAME OWNER AS 2020 PERMIT _____

★ Code Enforcement ★

MIDLOTHIAN POLICE DEPARTMENT- HEALTH DIVISION

**ANNUAL FIXED FOOD ESTABLISHMENT PERMIT APPLICATION FOR CALENDAR YEAR 2021**

Business Name: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Business Phone: \_\_\_\_\_

On Site Responsible Person and Title: \_\_\_\_\_

On Site Responsible Person Phone: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Where do you want the Food Establishment Permit sent? \_\_\_\_\_

\_\_\_\_\_

Is your company a "Not for Profit" - 501.c.3 organization?  Yes  No (if yes, a copy of IRS Determination letter required)

ESTABLISHMENT INFORMATION- TYPE OF ESTABLISHMENT- CIRCLE ONE

- |                                |             |               |
|--------------------------------|-------------|---------------|
| FULL SERVICE RESTAURANT        | DELI        | BAKERY        |
| FAST FOOD                      | MEAT MARKET | GROCERY STORE |
| CONVIENENCE STORE/ GAS STATION | DAY CARE    | OTHER: _____  |

MOBILE FOOD UNIT/ FOOD TRUCK/ CONCESSION TRAILER/ PUSH CART

**NOTE: MOBILE FOOD UNIT/ FOOD TRUCK / CONCESSION TRAILER/ PUSH CART REQUIRES: (AN APPROVED SOLICITOR PERMIT, BACKGROUND CHECK , COPY OF VALID INSURANCE FOR FOOD UNITS AND ADDITIONAL FEES) REMIT COMPLETED SOLICITOR PERMIT AND PROOF OF INSURANCE FOR FOOD UNIT. EACH PERSON ON THE MOBILE FOOD UNIT IS REQUIRED TO COMPLETE SOLICITOR PERMIT APPLICATION) FOR EACH PERSON(S) DRIVING OR PERSON(S) ON THE MOBILE FOOD UNIT**

**ANNUAL RENEWAL OF FOOD PERMIT FEES ARE DOUBLED to \$450.00 IF RECEIVED AFTER DECEMBER 31, 2020.**  
PERMIT FEES MUST BE PAID WITH EXACT CASH OR CHECK. DEBIT AND CREDIT CARDS NOT ACCEPTED. PERMIT FEES ARE NOT TRANSFERABLE.

**PLEASE COMPLETE BOTH SIDES OF THIS FORM-  
PERMIT WILL NOT BE ISSUED IF FORM IS NOT COMPLETED**

**RETURN COMPLETED FORM AND FEES TO: MIDLOTHIAN PD- 1150 N HWY 67 SUITE 100, MIDLOTHIAN TEXAS 76065**

**Code Enforcement Division**

**MAILING ADDRESS**  
1150 N HWY 67 Suite 100  
MIDLOTHIAN, TX 76065  
(972) 775-7614

**PHYSICAL ADDRESS**  
1150 N HWY 67 Suite 100  
MIDLOTHIAN, TX 76065  
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**ANNUAL FIXED FOOD ESTABLISHMENT PERMIT APPLICATION 2020**

**FOOD MANAGER CERTIFICATION:**

NAME OF CERTIFIED FOOD PROTECTION MANAGER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FOOD MANAGER CERTIFICATION EXPIRATION DATE: \_\_\_\_\_

**COPY OF EACH CERTIFIED FOOD PROTECTION MANAGER CERTIFICATION(S) REQUIRED**

I UNDERSTAND THAT A FOOD PROTECTION MANAGER MUST BE ON SITE WHENEVER THE BUSINESS IS OPENED (INITIAL) \_\_\_\_\_

I UNDERSTAND THAT ALL PERSONS HANDLING FOOD MUST HAVE CURRENT/VALID FOOD HANDLER PERMIT (INITIAL) \_\_\_\_\_

**GREASE TRAP INFORMATION:**

SERVICE CONTRACT WITH: (COMPANY) \_\_\_\_\_

SIZE OF GREASE TRAP: \_\_\_\_\_

FREQUENCY OF SERVICE (CIRCLE FREQUENCY):

WEEKLY

BI-WEEKLY

MONTHLY

ANNUALLY

**CURRENT PROOF OF GREASE TRAP SERVICING IS REQUIRED WITH THE ANNUAL PERMIT APPLICATION**

APPLICATION AND PERMIT FEES PAID ON OR BEFORE DECEMBER 31, 2020---\$225.00 PER INVENTORY

I understand that APPLICATION AND PERMIT FEES RECEIVED AFTER DECEMBER 31, 2020 will be charged \$450.00 PER INVENTORY

REINSPECTION FEES OF \$225.00 WILL BE BILLED FOR ALL REINSPECTIONS ON ESTABLISHMENTS THAT SCORE 89 OR LESS

Food establishments scoring less than 70 on an inspections or reinspection are subject to immediate closure (INITIAL \_\_\_\_\_)

I understand the information provided and attest that the information in this permit application is true and correct to the best of my knowledge.

SIGNATURE OF OWNER OR RESPONSIBLE PERSON \_\_\_\_\_

DATE \_\_\_\_\_

ANNUAL FOOD ESTABLISHMENT APPROVED BY: \_\_\_\_\_

- |  |
|--|
| <p><b>Documentation required- return this form with</b></p> <ul style="list-style-type: none"> <li>○ Copy of current Food Manager Certification</li> <li>○ Copy of most current grease trap servicing</li> </ul> |
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