

FIXED FOOD ESTABLISHMENT RENEWAL APPLICATION

HAYS COUNTY DEVELOPMENT SERVICES

2171 YARRINGTON RD, SUITE 100 KYLE, TEXAS 78640 (P) 512-393-2150 permits@co.hays.tx.us



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Fixed Food Establishment Renewal Contact Information

Establishment Information:			
Current Permit Number:			
Name of Establishment:			
Street Address:			
City:	State:		Zip:
Primary Phone:		Secondary Phone	e:
Website:			
Primary Email:			
Secondary Email:			
Social Media Presence: Facebo	ok 🗌 Twitter 🔲	Instagram 🗆 Pint	terest: 🗆 Other:
Business / Owner Information			
Company or Owner Name:			
Street Address:			
City:	State:		Zip:
Primary Phone:		Secondary Phone	e:
Website:			
Primary Email:			
Secondary Email:			
Applicant / Designated Contact Info	ormation:		
Company or Owner Name:			
Street Address:			
City:	State:		Zip:
Primary Phone:		Secondary Phone	e:
Website:			
Primary Email:			
Secondary Email:			
Name of Builder/Contractor			
Company or Owner Name:			
Street Address:			
City:	State:		Zip:
Primary Phone:		Secondary Phone	e:
Website:			
Primary Email:			
Secondary Email:			



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Fixed Food Establishment Questionnaire

	C	onstruction Informati	on	
☐ Conversion of ex Will you be construction, If new construction, Projected opening d	xisting structure ting a new facility? have you applied for late:] Yes □ No a development / flood	dplain permit? Yes	s □ No
Seating Capacity: Inc	1001	Outdo	UI	
	Type of Retail Fo	od Establishment (che	eck all that apply)	
☐ Full-Service Rest☐ Fast Food☐ Grocery / Market☐ Deli☐ Fish Market☐ Meat Market☐ Convenience Sto	:	☐ Cateri ☐ Conce ☐ Manu	l Food Program ng Operation	
Da	y(s) & Hour(s) of Ope	ration (insert hours in	n "8am to 8pm" form	nat)
☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday Does this establishm	Hours: Hours: Hours: Hours: Hours: Hours: Hours: Hours: Hours:	sonally?		
		Finish Materials		
quarry tile, stainless vinyl coated ceiling t		ed for the below surfa orced panels, ceramic		·
Room / Area	Floor	Floor Wall	Walls	Ceiling
Food Preparation		Junctures		
Dry Storage				



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Walk-in				
Refrigerator(s) &				
Freezer(s)				
Service Sink (s)/				
Mop Sink(s)				
Refuse Area				
Restroom(s)				
Other (indicate				
area):				
Other (indicate				
area):				
	Indicate the ma	aterials used for the b	olow surfaces	
	muicate the ma	ateriais used for the b	reiow sui iaces.	

Cabinets:	
Countertops:	
Shelving:	
Other Surface:	

Equipment / Fixture Installation List

A spec sheet is required for each item listed below. Indicate if new / used and what equipment will be installed within the establishment including but not limited to, hand washing sink(s), 3-compartment warewashing sink(s), mechanical warewashing machine(s), hose bibs, mop / utility sink(s), dish machine(s), food preparation sink(s), ice bin / ice machine(s), refrigerator(s), freezer(s), oven(s), grill(s), steam table(s), beverage machine(s), dump sink(s), and water heater(s), etc.

- Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets.
- Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs.
- Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the equipment / fixture, such as hose reels and pitcher rinsers.
- Indirect drainage is required for all warewashing (3-compartment and dish machines) food preparation sinks, ice bins / machines, beverage machines, and walk-in refrigeration units.
- Kitchen equipment or fixtures may not drain into buckets.

New	Used	Type of Equipment	Manufacturer	# of Equipment / Fixtures



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Manual Warewashing Sink Size & Fixture Information

Indicate the length of all drainboards, dimensions of each compartment (length, width, depth) and whether a pre-rinse sprayer will be installed at each warewashing area, including bars.

- The minimum requirement for warewashing in a food establishment is a three-compartment sink. A mechanical warewashing machine may be installed in addition to the three-compartment sink.
- Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensil(s) used.

Length (inches) of		e Sprayer	Dimensions (inches) of sink	Length (inches) of clean
soiled drainboard (LxW)	(Yes	/No)	compartments (LxWxD)	drainboard (LxW)

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Mechanical Warewashing Size & Fixture Information

A spec sheet is required for each item below. Indicate the make and model number for each warewashing machine. Indicate if the machine utilizes heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether a pre-rinse sprayer will be used, and utensil soak sink dimensions.

	0				ayer will be used, a		0	
Make	Model#	Pre-Rinse Sprayer (Yes/No)		Select One: Heat or Chemical Sanitizing	Dimensions (inches) of utensil soak sink (LxWxD)	of so	(inches) piled board :W)	Length (inches) of cleaned drainboard (LxW)
	 If heat sanitizing, will a separate booster heater be required? ☐ Yes ☐ No If yes, please complete the below table. 							
	Make		Model #		kW/BTU Rating		Distance from Machine (feet)	
			W	/ater Supply & V	Wastewater Service	2		
• Su	ıbmit a copy ıbmit a pipir essure tank	of the ng diagr s, make or More	most re am of t	ecent results fro he disinfection s odel of treatmen	tem that services t m a water sample t system including, b nt system, etc. ww.tceq.texas.gov	est ut not lim	nited to, h	

	Type of System	
	TCEQ Public Water System	TCEQ Public Water System ID Number:
	Private Water Supply System	In accordance with TCEQ Drinking Water Regulations, private water supply systems will require additional monitoring and sampling.

Select the type of wastewater system that services this establishment.

Type of System	
Municipal / Public Wastewater	Name of provider:
Septic System	Location of system must be clearly indicated on the site plan.

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Food Handling Procedures

Select what methods will be used in your facility to rapidly cool cooked foods. (check all that apply)

	Under Refrigeration
	Rapid Cooling Equipment
	Ice Water Bath
	Shallow Pans
	Adding Ice as an Ingredient
	Separating Food into Smaller Portions
	Other (list methods):
Sele	ct what methods will be used in your facility to rapidly reheat cooled foods / leftovers. (check all that apply)
	Stove Top / Range
	Oven
	Microwave / Microwave Toaster
	Grill
	Other (list methods):
	Select what methods will be used in your facility to thaw frozen foods. (check all that apply)
	Under Refrigeration
	Under Running Water
	Microwave / Microwave Toaster
	As Part of the Cooking Process
	Other (list methods):
Sel	ect what methods will be used in your facility to prevent bare-hand contact with ready-to-eat food. (check all that apply)
	Gloves
Ш	Utensils
\perp	Deli Tissue
\perp	Dispensing Equipment / Machine
Ш	Other (list methods):
9	Select what methods will be used in your facility to serve ready-to-eat foods. (check all that apply)
	Single-Service Tableware
	Multi-Service Tableware
	Dispensing Equipment / Machine
	Other (list methods):



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Specialty Processes & Hazard Analysis and Critical Control Point (HACCP) Information

The below specialty processes may require additional submittal(s) and/or review. If you use any of the below processes, please identify which.

(check all that apply to your operation)

	(effect all triat apply to your operation)
	Smoking food as a method of preservation rather than as a method of flavor enhancement
	Curing food
	Using food additives or adding components such as vinegar:
	 As a method of food preservation rather than as a method of flavor enhancement, OR
	 To render the food so that it is not time/temperature control of safety food
	Packaging TCS Food using a reduced oxygen environment
	Operating a molluscan shellfish life support system display tank
	Custom processing of animals that are for personal use as food
	Sprouting seeds or beans
	Hazard Analysis and Critical Control Point (HACCP) Plan is required for the following procedures. A ACCP Plan must meet the requirements of the FDA Food Code (3-502.12) and a designated work area accessible only to responsible and trained personnel. (check all that apply to your operation)
Ш	Vacuum Packaging (also called reduced oxygen packaging, ROP)
	 Sous Vide: Raw or partially cooked food is vacuum packaged in an impermeable bag, cooked in the bag, rapidly chilled, and refrigerated at temperatures that inhibit the growth of psychrotropic pathogens.
	Cook-Chill: Cooked food is hot filled into impermeable bags which have the air expelled and are then sealed or crimped closed. The bagged food is rapidly chilled and refrigerated at temperatures that inhibit the growth of psychrotropic pathogens.

Fixed Food Establishment – Required Documents

All Fixed Food Establishments Applications (including renewals) must submit the following documents along with the Application and fee(s).

- 1. **Floor Plan** A detailed plan of the fixed food establishment, including but not limited to, the dimensions of the structure, location of all equipment, sinks, and preparation areas.
- 2. **Menu** Show all items which are being served at the mobile food establishment.
- 3. **Site Plan** Showing the location of the food establishment on the property and identifying any existing or proposed structures and its components, including but not limited to, building(s) septic system(s), and well(s).
- 4. **Location Map** Showing the location of the food establishment in relation to a local or state roadway. Such location shall be sufficient in detail to allow County staff to easily find the establishment to conduct any necessary inspections.
- 5. **Certified Food Manager Certificate** A current / valid copy of the certificate showing completion of an accredited Certified Food Manager Course.
- 6. **Equipment Specification (Spec) Sheet(s)** Each fixture / piece of equipment identified on the application shall have its manual / spec sheet submitted.
- 7. **Construction Plans** A set of construction plans including but not limited to, mechanical diagrams/plans, and plumbing diagrams/plans.
- 8. **Applicant Acknowledgement & Certification** Signed copy of document



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Applicant Acknowledgement & Certification

- a) I have been given permission by the owner of the Food Establishment, if not the applicant, to submit an application and represent his/her interests in all matters affecting said application.
- b) I have carefully read the complete application and know all statement herein and in the attachments hereto are true and correct to the best of my knowledge.
- c) Applicant is hereby informed that other permits may be required to fulfill local, State, and Federal regulatory requirements and it is the responsibility of the Applicant to obtain any such additional permits and to comply with all such provisions thereof, whether herein specified or not.
- d) Applicant is responsible for all costs associated with any construction undertaken in accordance with this Application and agrees that (s)he will not erect any permanent structure or sign on or extending over any portion of County right-of-way.
- e) All Food Establishments are to be operated in compliance with all local, state, and federal regulations including but not limited to, the Hays County Development Services Food Establishment Regulations and the FDA Food Code.
- f) Prior to opening, a Pre-Operation inspection will be performed for all new establishments. Any non-routine / re-inspection may be subject to an additional fee.
- g) If operating a Mobile Food Establishment, I attest I have read and understand the "Responsibilities for Mobile Food Establishments" as provided in the application.
- h) Temporary Food Establishment Permits are non-transferable.
- i) A Temporary Food Establishment Permit expires 14 calendar days after issuance. The Permit shall be valid in conjunction with a single event.
- j) Farmer's Market Permits are not transferable and expire at the end of the calendar year.
- k) Any Permit may be revoked if any false statements are made herein. If the Permit expires or is revoked for any reason, the Establishment must cease operation until a new permit has been issued.

By signing, I hereby certify all the information is true and accurate and will follow all Hays County Rules & Regulations.

Print Name:	Phone Number:
Signature:	Date: