



### OWNER INFORMATION

OWNER NAME:			
OWNER ADDRESS:			
CITY:	STATE:	ZIP:	

### FACILITY/BUSINESS INFORMATION

ESTABLISHMENT NAME (DBA):			
ADDRESS:			
Business Phone:	ALTERNATE PHONE:		
Hours of operation:	Days of operation:		
Will business do Catering?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Number of Employees:			

### PROPERTY OWNER INFORMATION

Owner Name:			
Owner Address:			
CITY:	STATE:	ZIP:	
Home Phone:	Email Address:		

### BUSINESS TYPE: CHECK ONLY ONE

<input type="checkbox"/> FOOD FACILITY	<input type="checkbox"/> HOTEL/MOTEL
<input type="checkbox"/> RETAIL	<input type="checkbox"/> CHURCH
<input type="checkbox"/> SCHOOL	<input type="checkbox"/> DAYCARE
	<input type="checkbox"/> OTHER: _____

### BILLING INFORMATION

Please check one mailing address for invoice to renew annual permit:

BUSINESS MAILING ADDRESS

OWNER ADDRESS

OTHER

If you checked other, what is the address? \_\_\_\_\_

Approval of this application and issuance of a City of Pharr Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE. PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.**

### FOR OFFICE USE ONLY

Date Received: _____	Permit Issued: _____
Amount Received: \$ _____	RECEIVED BY: _____
<input type="checkbox"/> CC	
<input type="checkbox"/> CASH	
<input type="checkbox"/> CHECK # _____	



**Pharr**  
Building & Code Compliance



## Health Division

118 S. CAGE 1<sup>st</sup> Floor, PHARR, TX, 78577

Phone: (956) 402-2633

### HEALTH PLAN MINIMUM REQUIREMENTS AND CONDITIONS

- Commercial Refrigerator Required. (THERMOMETERS are required to monitor food temperatures in the refrigerator and freezer and check hot holding temperatures on steam table.
- Surface of kitchen, prep area as far as walls, floors and ceiling are concerned; must be smooth, easily cleanable and non-absorbing of any liquids and also for counter tops.
- Preparing area must be enclosed at least by screen and screen door
- Doors must be self-closing in kitchen, preparing area, and bathroom(s).
- Paper towels on holder and hand soap are required in bathrooms, kitchen, and preparing areas.
- Proper dish soap should be used at all times. (NO laundry detergent is allowed)
- Proper food bags for storage and containers must be used at all times. (NO RECYCLE CONTAINERS allowed) all food items must be label with expiration dates.
- Water heater must be a minimum of 30 gal in order to insure 110 degree availability of HOT and COLD water at all times.
- Lighting in the kitchen must be sufficient lumens 110 on floor, 220 on dining and 540 on preparing table with protected lamps (bulbs).
- A SINGLE HAND SINK in kitchen preparing areas is required.
- A 3 COMPARTMENT SINK is required (wash, rinse, sanitize)
- A GREASE TRAP shall be installed in occupancy that prepares food consumption (and or milk shakes). The size of the grease trap will be based by the calculations by a certified plumber.
- A GREASE INTERCEPTOR under the sink shall be installed. The size of the grease interceptor will be determined by a certified plumber.
- Faucets for kitchen, preparing areas, bathrooms may not be brass.
- Bathrooms must have a working exhaust fan or open window for ventilation.
- Provide items and or type of cooking to be done at site.
- All equipment must be ANSI, NSF, certified or equivalent.
- Mop sink or mop well required.
- Trash can for the bathroom area and kitchen area are required.
- All employees must a Health Food Certification.
- One Certified Food Manager is required per shift.
- Drains boards are required on both sides of a sink, or a proper drying rack.
- Equipment should be placed at least 6 inches away from wall or other equipment.
- Cutting boards approved: plastic or wood laminated available at restaurant supply stores. No white or yellow pine, lumber, plywood, nor mesquite allowed.
- Need indirect waste-air gap at kitchen and food preparing area sinks.
- CHOKING POSTER (Heimlich) required. Additional requirements could be possible, depending on location set up.
- For any other questions please contact Pharr Health Department at (956) 402-2633