



CITY OF WAXAHACHIE BUILDING & COMMUNITY SERVICES
HEALTH INSPECTIONS

FOOD ESTABLISHMENT GUIDELINES
PRE-PACKAGED FOOD ONLY

Establishment must have the following minimum facility requirements:

1. Submit a copy of a valid driver's license of owner/responsible person with application in addition to a copy of a current state issued sales tax license.
2. Include a scaled drawing of the building (food storage area, utility area, garbage enclosure, etc.).
3. Meet minimum requirements as set forth by the Texas Department of State Health Services and Texas Alcohol and Beverage Commission (only if alcoholic beverages will be sold/served).
4. Complete the Application for Food Service Establishments (see attached)
5. A separate utility mop sink or floor drain with lip connected to plumbing
6. Proper construction and maintenance of floors, walls, and ceilings
7. Adequate equipment that is in good working order and able to maintain temperature requirements, and suitable for the type of service provided by the establishment
8. Restroom for employees (in proper working order according to law); restroom requirements for patrons is based on seating capacity. Location of restrooms for patrons must be accessible from public area. Hand wash sinks must be proportionate to the number of toilets.
9. An acceptable plan for waste collection (garbage, recycling, etc.)
10. Pay \$125 Permit fee

OTHER REQUIREMENTS MAY BE REQUIRED AS NECESSARY FOR PUBLIC HEALTH PROTECTION.



**CITY OF WAXAHACHIE BUILDING & COMMUNITY SERVICES
HEALTH INSPECTIONS
PRE-PACKAGED ONLY - APPLICATION**

Name of Establishment: _____

Location Address: _____ Phone: _____

Name of Owner: _____ Phone: _____

Mailing Address: _____

This Food Service Establishment Is:

- A New Establishment Change of Permit Type Remodel
 An Existing Establishment Under New Management/Owner, Without Change of Name/Service
 An Existing Establishment With a Change of Address, Relocation/New Facility

Square Footage of Food Service Establishment: _____

Hours and Days of Operation: _____ Number of Seats _____

Type and Frequency of Garbage Collection: _____

Total Number of Employees: _____ Have Employees Completed Safety Course? _____

Date Food Service Establishment Will Open: _____

Will Alcohol Be Sold? _____ Has Application for TABC Been Made? _____

I acknowledge receipt of a copy of the guidelines and requirements for a food service establishment within the City of Waxahachie and understand that failure to meet these provisions can result in citations in addition to revocation of the permit and closure of the establishment. I certify that all facts stated in this application are true and correct to the best of my knowledge, and will construct this facility in full conformance of the plans submitted.

Signature of Applicant

Date

- ** DO NOT WRITE BELOW THIS POINT FOR CITY HEALTH INSPECTOR EVALUATION ONLY **
 ** This Establishment [**Does/Does Not**] Meet The Minimum Requirements For Food Service Establishment.
 ** Any Discrepancies Needing Correction Before The Time Of Initial Opening:

Health Inspector: _____ Date: _____