City of Marfa **Retail Food Establishment Permit Application (annual)**



Type of <i>i</i>	Application	Type of Operation			on			
New	Renewal	New Ownership	Rest	aurant	Retail Food St	ore Mot	oile Vendor	
Food Est	tablishment lı	nformation						
Name of	Establishment							
Physical Address				Ma	orfa, Texas 798	343		
Owner I	nformation							
_								
Name				Phone				
Business	Mailing Addre	SS		City		State	Zip	
Tax ID I	nformation							
Texas Sales Tax Permit # (MUST PROVIDE A COPY)								
Health 8	& Safety							
When was your more recent health inspection? (MUST PROVIDE A COPY)								
Does at least one employee hold a Texas Food Managers Certification or a Food Protection Manager Certification? Yes No								
Does this	establishment	have a grease tra	ap as required b	by City of M	arfa Ordinanc	e 2021-04?	Yes	No
lf yes, list	pound capacity	/	Name of gre	ease trap co	mpany			
and that t zoning rest	he above stated	ompleted application business complies owner of the above ections.	with all provision	s City ordina	inces and state	laws. I agree	to comply w	vith all
Signatur	e of Applicant				Date			
Printed	Name of Applic	cant						
			In-House	Use Only				
Date Submit	ted	Grea	se Trap Approved	? Yes	No Initials			
Tax ID attached? Yes No Inspection attached? Yes No								
Application	Approved? Y	es No If no, wh	ıy?					
Permit Num	her	Permit	: Print Date					