



**KENDALL COUNTY AND CITY OF BOERNE
TEMPORARY FOOD ESTABLISHMENT
PERMIT & COMPLIANCE REQUIREMENTS**



PERMIT REQUIRED: Each temporary food establishment shall have a valid permit issued by the County Health Officer. \$25.00 non-refundable fee per food booth/unit must be paid at least two days prior to the event. Nonprofit organizations are exempt from payment of the permit fee if they possess a (501-C) exemption from the IRS. The **single event permit** is valid for one individual food booth or unit at one specific event, and is valid for 4 consecutive days from the initial effective date.

FOOD PREPARATION: Food shall be obtained from approved sources and be in sound condition. Food shall be prepared only in permitted or licensed establishments. **Food prepared in a private home is not allowed.** The Texas Food Establishment Rules (TFER) requires that meat and poultry products be cooked to the following minimum internal temperatures: **Poultry-165°F, Ground Meats 155°F, Pork-145°F, and other Meats- 145°F.** Potentially hazardous foods (i.e., foods which consist in whole or in part of milk or milk products, eggs, cut tomatoes, meat, seafood) shall be held at 41°F or lower, or at 135°F or above. Equipment adequate to cook and maintain foods at the required temperatures shall be provided. An accurate food temperature thermometer (metal stem) shall be used to monitor the proper internal cooking and holding temperatures of potentially hazardous foods. Packaged foods shall not be stored in direct contact with water or undrained ice.

EQUIPMENT: Food, utensils and single service articles shall be protected from contamination during storage, preparation, display and service. Utensils, including ice scoops, shall be provided to minimize handling of foods. Food contact surfaces shall be easily cleanable and washed, rinsed and sanitized as necessary using three suitably sized basins as follows: wash with warm soapy water, rinse in clean water and sanitize with 50 ppm chlorine or 200 ppm quaternary ammonia. Single-service articles must be provided for use by the consumers.

PERSONAL HYGIENE: Personnel shall maintain a high degree of personal cleanliness and conform to good hygienic practices. They shall be free of infections which may transmit foodborne illness. Hands shall be washed as often as needed during food preparation. Handwash facilities shall include an insulated container with a spigot that can be turned on to allow potable, clean, warm water to flow; a wastewater container; soap; disposable towels and a waste receptacle. An approved hand sanitizer must be used after handwashing. Single-use gloves may be used in addition to handwashing. The use of tobacco or eating food in preparation and serving areas is prohibited.

WATER: A sufficient supply of flowing water from an approved source shall be provided to prepare food and to clean hands, equipment and utensils. A closed water container with a spigot may be used.

TOILET FACILITIES & WASTE DISPOSAL: Conveniently located toilet facilities shall be provided. All sewage and wastewater shall be disposed of through a sewage system according to law. Adequate, covered containers for refuse and garbage shall be provided.

BOOTH CONSTRUCTION: Subflooring shall be graded to drain and dust shall be controlled. Floors shall be constructed of concrete, asphalt, dirt or gravel if covered with mats, removable platforms or other suitable materials approved by the regulatory authority. Ceilings over food preparation areas shall be constructed of wood, canvas or other materials to protect against the weather. Pests (flies, roaches or rodents) shall be controlled. Doors, walls, screening and other measures may be required when necessary to restrict the entrance of flying insects.

ADVISORY: Section 229.170 of the Texas Food Establishment Rules provides that “The regulatory authority may impose additional requirements to protect against health hazards related to the conduct of the temporary food establishment, may prohibit the sale of some or all potentially hazardous foods, and when no health hazard will result, may waive or modify requirements of these rules.” Failure to comply with these requirements may result in the immediate suspension of the permit and assessment of penalties as provided by the Texas Health and Safety Code, Chapter 437.

PREVENTING FOODBORNE ILLNESS IS A RESPONSIBILITY SHARED BY ALL INDIVIDUALS INVOLVED IN FOOD PRODUCTION, DISTRIBUTION AND PREPARATION. IF YOU HAVE QUESTIONS OR NEED FURTHER ASSISTANCE, CONTACT **KENDALL COUNTY AND CITY OF BOERNE, 830-249-9343, ext. 214 or www.co.kendall.tx.us.**

PRINT NAME: _____ PHONE: _____

SIGNATURE: _____ DATE: _____



KENDALL COUNTY/CITY OF BOERNE RETAIL FOOD OPERATION PERMIT APPLICATION

Mail to: 201 E. San Antonio St., Suite 304, Boerne, Texas 78006

Make checks payable to: Kendall County



Retail Food Operation

Permit # Issued _____

1. Type of Food Operation

- Retail Food Store -Permit is valid for one year
- Food Service Establishment -Permit is valid for one year
- Mobile Food Unit -Permit is valid for one year (Mobile Food Service Units are subject to inspection prior to issuance of permit)
- Venue -Permit is valid for one year
- Hotel/Motel Food Service -Permit is valid for one year
- Day Care Center -Permit is valid for one year

2. Certified Food Manager yes no

CFM Name: _____

CFM ID: _____

CFM Expiration: _____

Failure to have a CFM employed by your establishment will result in a citation or suspension of your food permit.

3. Amended Permit yes no

- Change of Ownership
- Change of Name
- Change of Location
- Effective Date of Change: _____

Change of name, ownership or change in location of a licensed place of business, requires submission of new application and fee.

4. Complete in Full:

Name of Business: _____ Tax ID# _____

Legal Name of Owner if different from above _____

Location Address: _____
Address City/State Zip Code

Mailing Address: _____
Address City/State Zip Code

Contact Person regarding permit: _____ Telephone No. _____

Manager _____ Telephone No. _____

Gross Annual Income of Food Establishment:

Annual Fee:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> \$0.00-\$24,999.99 | <input type="checkbox"/> \$125.00 |
| <input type="checkbox"/> \$25,000.00 - \$49,999.99 | <input type="checkbox"/> \$175.00 |
| <input type="checkbox"/> \$50,000.00 - \$99,999.99 | <input type="checkbox"/> \$250.00 |
| <input type="checkbox"/> \$100,000-\$199,999.99 | <input type="checkbox"/> \$300.00 |
| <input type="checkbox"/> \$200,000-\$399,999.99 | <input type="checkbox"/> \$400.00 |
| <input type="checkbox"/> \$400,000-\$649,999.00 | <input type="checkbox"/> \$500.00 |
| <input type="checkbox"/> \$650,000 or more | <input type="checkbox"/> \$600.00 |
| <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> \$150.00 |
| <input type="checkbox"/> Day Care Centers | <input type="checkbox"/> \$125.00 |

Late Fee - A person who files renewal application after the expiration date will be assessed late charges of **\$5.00 per day**.

Fees are non-refundable.

5. Check type of ownership and provide required information:

- Proprietorship - Name of Proprietor _____
- Partnership - Names of all Partners _____
- Association - Names of all Principals _____
- Corporation - Names of Officers and Directors _____
Date and Place of Incorporation _____
Name and Address of Registered Agent in State _____

6. Profile:

Hours of Operation: Start _____ Finish _____ Days Open: _____

VERIFICATION: I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. IF THE OWNER IS A CORPORATION, I FURTHER CERTIFY THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER, 229, AND AGREE TO ABIDE BY THEM. I UNDERSTAND THAT PROVIDING FALSE, INCORRECT OR INCOMPLETE INFORMATION ON THIS APPLICATION SHALL BE GROUNDS FOR DENIAL OR CANCELLATION OF A PERMIT.

Signature _____

- OWNER
- PARTNER
- PRESIDENT
- CORPORATE DESIGNEE/AGENT

Date _____

Printed Name & Title _____