



**REEVES COUNTY PERMITS DEPARTMENT  
RETAIL FOOD OPERATION PERMIT APPLICATION  
MINOR AMENDMENT CHANGE**

**RETAIL  
2301**

PERMIT #:

**(Health and Safety Code, Chapter 437)**

Return both the completed application and **non-refundable** fee to:

REEEVES COUNTY TREASURERS' OFFICE

ATTN: HEALTH SERVICES

1714 Schmidt Dr., Pecos, Texas, 79772

PAYABLE TO: Reeves County

Inquiries Contact: REEEVES COUNTY PERMITS DEPARTMENT

31 County Road 201, Pecos, Texas, 79772

Office: (432) 287-0500

If you are a school food establishment, roadside food vendor (mobile food store), or mobile unit, contact this office at (432) 287-0500 for the correct application.

Name Under Which Business is Conducted (DBA): \_\_\_\_\_

Physical Address to be Licensed: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone # at address: (     ) \_\_\_\_\_ Is physical address within the city limits?  Yes  No

- Exemptions from Retail permitting:
- Licensed by the Texas Department of State Health Services as a food manufacturer **AND** paying a higher fee; or
  - Inspected and permitted by County or Public Health District; or
  - Non-Profit as a 501(C) organization.

**FEE SCHEDULE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP**

Fees for food service establishments and retail food stores are based on the gross annual volume of food sales. Mark the appropriate volume category and remit fee accordingly. Fee amounts will be verified with the Texas Comptroller of Public Accounts.

- Food Establishment**- any place where food is prepared and intended for individual portion service. This includes the site at which individual portions are provided for consumption on or off the premises and regardless of whether there is a charge for the food, bed & breakfasts with >7 rooms, restaurants, bars, cafes, snack bars, hospitals that serve food to the general public, correctional facilities (jails) that contract with professional food management corporations for food preparation, privately-owned correctional facilities, etc.
- Retail Food Store**- a food establishment or section of an establishment where food and food products are offered to the consumer and intended for off-premise consumption. This includes delicatessens that offer prepared food in bulk quantities only, grocery stores, markets, etc.

**GROSS ANNUAL VOLUME OF FOOD SALES**

- \$ 0.00 - \$ 49,999.99 - \$75.00
- \$ 50,000.00 - \$149,999.99 - \$150.00
- \$150,000.00 - or more - \$300.00

**Fees are non-refundable**

**Late Fee** - A person who files a renewal application after the expiration date must pay an additional \$100.  
**A LATE FEE IS NOT REQUIRED FOR A CHANGE OF OWNERSHIP OR INITIAL APPLICATION.**  
**ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.**

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTERS 228 & 229, AND AGREE TO ABIDE BY THEM.

Signature \_\_\_\_\_

- OWNER
- PARTNER
- PRESIDENT
- CORPORATE DESIGNEE / AGENT

\_\_\_\_\_ Date

Printed Name & Title \_\_\_\_\_

**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of firm.  
**Please Note: Initial licenses will expire two years from date of payment receipt by the Department.**

- New (Initial)** - Start Date of Regulated Activity: \_\_\_\_\_  
**A LATE FEE IS NOT REQUIRED FOR A INITIAL APPLICATION**
- Change of Ownership** Previous owner: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Change of ownership requires submission of a new application and fee as listed on Page 1. Initial licenses will expire two years from date of payment receipt by the Department. **A LATE FEE IS NOT REQUIRED FOR A CHANGE OF OWNERSHIP**
- Amended** -  Change of Location [previous location: \_\_\_\_\_] } Enter the date the change  
 Change of Name [previous name: \_\_\_\_\_] } was effective:  
 Other: \_\_\_\_\_ } Date: \_\_\_\_\_
- Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application and fee as listed on Page 1. The current expiration date remains in effect. **This does not always apply if they use the 6 month rule.**
- Renewal** - Renewals are valid from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a late fee of \$100.00 for each location and must be submitted before the license or permit will be issued.**
- Notice that firm is out of business.** Date: \_\_\_\_\_  **Not required to license/permit.**  
Sign and date. Return for deletion from our records. Reason: \_\_\_\_\_

**RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS**

A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters and shall be separated from any living or sleeping quarters by complete partitioning. Food prepared in a private home may not be used or offered for human consumption in a food establishment.

\_\_\_\_\_  
Name & Title Residence Address Drivers License Number

**BUSINESS HOURS OF OPERATION:** \_\_\_\_\_ m. to \_\_\_\_\_ m.

**WEBSITE/ INTERNET ADDRESS:** http://www.\_\_\_\_\_

**MAILING INFORMATION** (The license and/or courtesy renewal notice will be sent to the following):

Mailing Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Name of Application Preparer (Contact Person): \_\_\_\_\_  
Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_  
Fax Number of Application Preparer (Contact Person): \_\_\_\_\_  
E-mail Address of Application Preparer: \_\_\_\_\_

**PRIVACY NOTIFICATION:** With few exceptions, you have the right to request and be informed about information that the County of Reeves, Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the agency to correct any information that is determined to be incorrect.

**ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED. Please allow 4-6 weeks for processing.**

Visit our website at: [www.reevescounty.org](http://www.reevescounty.org) or contact our office at: (432) 287-0500

Please address **correspondence only** to:

Reeves County Treasurers' Office  
ATTN: Health Services  
1714 Schmidt Dr.,  
Pecos, Texas, 79772  
PAYABLE TO: Reeves County

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM  
PAGE 2 OF 3**

**LICENSE HOLDER INFORMATION:** Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts.

□ - □ □ □ □ □ □ □ □ □ - □

Complete ONLY one section below that relates to the type of ownership of your business.

**Sole Owner / Proprietorship**

Name of Sole Owner: \_\_\_\_\_  
Residence Address Drivers License Number

**Partnership**    **LP**    **LLP**    **LTD**

Name of Partnership: \_\_\_\_\_

Partnership Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

Partner Name: \_\_\_\_\_  
Residence Address Drivers License Number

Partner Name: \_\_\_\_\_  
Residence Address Drivers License Number

Partner Name: \_\_\_\_\_  
Residence Address Drivers License Number

Partner Name: \_\_\_\_\_  
Residence Address Drivers License Number

**Association**    **State Agency**

Name of Association / State Agency: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

Name: \_\_\_\_\_  
Residence Address Drivers License Number

Name: \_\_\_\_\_  
Residence Address Drivers License Number

**Corporation**    **LLC**

Corporation Name: \_\_\_\_\_  
Date and Place of Incorporation

Corporation Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

President Name: \_\_\_\_\_  
Residence Address Drivers License Number

Officer's Name: \_\_\_\_\_  
Residence Address Drivers License Number

Officer's Name: \_\_\_\_\_  
Residence Address Drivers License Number

Officer's Name: \_\_\_\_\_  
Residence Address Drivers License Number

Name of Registered Agent: \_\_\_\_\_  
Residence Address Drivers License Number