



REGISTERED FOOD SERVICE MANAGER APPLICATION

\$15.00 Non-refundable Application Fee

Valid Until Texas DSHS Approved Certificate Expires

APPLICANT

LAST NAME: _____ FIRST NAME _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

JOB TITLE: _____

COMPLETE ONE OF THE FOLLOWING

DRIVER LICENSE NO: _____ STATE ISSUED: _____ YR EXP: _____

OR

GOVERNMENT ISSUED ID: _____ STATE/COUNTRY: _____ YR EXP: _____

BUSINESS

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ EMAIL ADDRESS: _____

CERTIFIED STATEMENT - SIGNING BELOW ATTESTS TO EACH OF THE FOLLOWING STATEMENTS

- I UNDERSTAND THAT AFTER THIS APPLICATION HAS BEEN FILED, THE PERMIT FEE WILL NOT BE REFUNDED REGARDLESS OF APPROVAL OR DENIAL OF THE PERMIT AND THAT THE PERMIT IS NOT TRANSFERABLE.
- TO THE BEST OF MY KNOWLEDGE ALL DOCUMENTS SUBMITTED AND ALL INFORMATION PROVIDED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.

_____ **I have completed a Department of State Health Services (DSHS) approved certified Food Manager Program, pursuant to the Texas Health and Safety Code, Chapter 438.** My DSHS approved certificate is submitted with this application for verification and copying by the Carrollton Environmental Services Department.

_____ **I have completed a Department of State Health Services (DSHS) accredited Recertification Course.** My DSHS accredited certificate is submitted with this application for verification and copying by the Carrollton Environmental Services Department.

OWNER/APPLICANT SIGNATURE _____ TITLE _____

FEE SUBMITTED _____ DATE _____

PLEASE TYPE OR PRINT FIRMLY. ALL LINES MUST BE COMPLETED FOR ACCEPTANCE

EXPIRATION DATE _____

City of Carrollton
Environmental Services Department

envservices@cityofcarrollton.com
1945 E. Jackson Road

Rev. 11/2018
Carrollton, TX 75006
(972) 466-3060