

Registered Food Service Manager Application



1720 Commerce Street
Garland, TX 75040
(972) 205-3460
(972) 205-3505 Fax

Mailing Address
Health Department
P.O. Box 469002
Garland, TX 75046-9002

HEALTH DEPT. OFFICE USE ONLY

Fee: \$30.00

Area: _____

Issue Date: _____

Exp. Date: _____

Recd By/Receipt #: _____

BUSINESS INFORMATION

Name of Establishment: _____

Business Address: _____

Business Address: _____ Zip Code: _____

Business Phone: _____

ALL INFORMATION IN THE SECTION BELOW MUST BE COMPLETED. FAILURE TO COMPLY MAY DELAY ISSUANCE OF PERMIT.

APPLICANT INFORMATION

Applicant Name: _____

Applicant Home (Street) Address: _____

Applicant Home (City/State) Address: _____ Zip Code: _____

Applicant Home Phone: _____ Date of Birth: _____

Driver's License # and State: _____

CERTIFICATION TRAINING INFORMATION

(ALL APPLICATIONS MUST BE ACCOMPANIED BY A COPY OF THE CARD ISSUED TO YOU BY THE STATE OF TEXAS)

Manager Certification Training was provided by: _____

Date Course Was Completed: _____

I hereby certify that the above information is true and accurate.

Applicant Signature

Date