

AMARILLO BI-CITY-COUNTY HEALTH DISTRICT
CITY OF AMARILLO
Environmental Health Department
(806)378-9472
TDD (806)378-4229
Email address deree.duke@ci.amarillo.tx.us

RX Number _____
Date Paid _____
Permit No _____
Date Issued _____
Date expired _____

SNOW CONE STAND APPLICATION

SNOW CONE STANDS MUST BE MOUNTED ON WHEELS OR
COMPLY WITH ALL APPLICABLE BUILDING CODES

Name of Snow Cone Stand _____

Operation Location _____ Owner's Name _____

Phone Number: _____ Mailing Address _____

Vehicle License Number _____ City, State and Zip Code _____

How do you plan to dispose of wastewater in your wastewater-holding tank? _____

Under State Law and City Ordinances do you understand the draining of water on the street, in the gutter, or on the ground would result in suspension of your permit? _____

Have you made arrangements for conveniently located toilet facilities. _____

Are these facilities accessible to employees at all times while the stand operates? _____

What is the location of these facilities? _____

Do you have a written agreement with the property owner to use the facilities? _____

Property Owner's Name who owns the facilities _____

What is the floor covering inside the snow cone stand? _____

What type of ceiling finish is in the snow cone stand? _____

Are all window openings and door openings screened? _____

Where do you obtain your water in the snow cone stand? _____

Are potable water lines sized differently than waste water lines? _____

Is the wastewater retention tank 15% larger than the water supply? _____

Over

Is the waste connection located lower than the water inlet? _____

Do you have hot and cold running water available for utensil washing? _____

Do you have a two-compartment utensil sink in your snow cone stand? _____

Do you have a hand-washing sink in your snow cone stand? _____

What sanitizer do you plan to use to wash, rinse and sanitize utensils? _____

Do you have test papers available to test the strength of the sanitizer? _____

Do you have covered garbage containers? _____

Do you understand that your food service is limited to snow cones and only prepackaged non potentially hazardous foods, and that you can not serve soft ice cream and fountain cokes? _____

Where do you obtain the ice for your snow cone machine? _____

Has your permit ever been revoked? If yes, give date and under what circumstances. _____

It is stipulated and agreed by the undersigned who is the applicant, that the applicant will conform with all the provisions of the appropriate City Ordinances and applicable State Laws, and with all orders that may be made by the Health Officer. It is further stipulated and agreed that the Health Officer is granted permission to inspect the premises and equipment of the undersigned in so far as it pertains to the conduct of his/her business or provisions of the Ordinances and that the information given is true and correct.

IT IS FURTHER AGREED THAT AN ANNUAL FEE WILL BE PAID IN ADVANCE FOR SUCH PERMIT

City of Amarillo	\$200
City of Canyon	\$250
Potter County	\$250
Randall County	\$250

Applicant's signature

PLEASE MAIL THIS APPLICATION AND PERMIT FEE TO

City of Amarillo
Environmental Health
PO Box 1971
Amarillo, TX 79105-1971
(806) 378-9472

Date of Approval: _____

Sanitarian's Signature _____