



**Town of Flower Mound Environmental Services**

Address: 2121 Cross Timbers Road, Flower Mound, TX 75028

Phone: 972.874.6340 | Email: [EnvPermitSubmittal@flower-mound.com](mailto:EnvPermitSubmittal@flower-mound.com)

Website: [www.flower-mound.com](http://www.flower-mound.com)

## Certified Food Protection Manager Application Registration Fee for Card \$25.00

**TO OBTAIN A CERTIFIED FOOD PROTECTION MANAGER'S CARD YOU MUST SUBMIT THE FOLLOWING ITEMS**

1. A completed application with original signature.
2. A Copy of Food Protection Manager's Certification accredited by the Texas Department of Health.  
*Information for approved classes can be found at: <https://www.dshs.state.tx.us/food-managers/default.aspx>*
3. Registration fee of \$25.00 payable by cash, check, money order, Visa or Master Card.

**IF APPLYING BY MAIL:**

**Include a copy of accredited certification, a completed and signed application, and payment.**

**IF APPLYING BY EMAIL:**

**Include a copy of accredited certification and completed and signed application.**

| ESTABLISHMENT INFORMATION   |        |      |  |
|-----------------------------|--------|------|--|
| Name of Food Establishment: |        |      |  |
| Address:                    |        |      |  |
| City:                       | State: | Zip: |  |
| Phone:                      | Email: |      |  |

| APPLICANT INFORMATION   |                              |
|-------------------------|------------------------------|
| Name on Certificate:    |                              |
| Certificate Issue Date: | Certificate Expiration Date: |
| Certificate #:          | State:                       |

Registration will not be processed if application is incomplete, illegible, or if required documentation and fee is incorrect or missing. Registration fee is non-refundable.

| I hereby certify that I have read and examined this application and know the same to be true and correct. |            |       |
|---|------------|-------|
| Applicant Name:   | Signature: | Date: |
|   |            |       |

| For Environmental Health Services office use below this line |                       |       |
|--|-----------------------|-------|
| R'cvd by:  | Fee paid: Y/N         | Date: |
| AEC #:   | FPM Card printed: Y/N |       |

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_