

## CERTIFIED FOOD MANAGER REGISTRATION APPLICATION

Date:					
Name:					
Address:					
City:	State:			Zip:	
Phone:		Cell:			
Applicant's E-mail:					
Type of Service (Circle):	Manager	Chef	Cook	Wait staff	Other-
Current Employment:					
DL #:					
	13				
NOTICE TO APPLICANT					
Food Establishments must hat The Food Manager course/ce					es of operation.  xas Department of State Health Services.
Once the Food Manager cour	se/certification	is comp	leted, the	certificate must	t be registered with the City of Greenville. d for three (3) years and must be renewed
thirty (30) days prior to expir					
X					
(Applicant)					