



Fort Bend County Fire Marshal's

1521 Eugene Heimann Circle #114
Richmond, TX 77469
(281) 238-1500



BOARDING HOME DETAIL

FACILITY COVERSHEET

Applicant must deliver all documents in person to the Fort Bend County Fire Marshal's Office, between the hours of 8:00AM to 11:00AM or 1:00PM to 3:00PM.

BOARDING HOME NAME: _____

BOARDING HOME ADDRESS: _____

CONTACT NAME: _____ **CONTACT NUMBER:** _____

REQUIRED DOCUMENTS:

- 1. COMPLETED FACILITY PERMIT APPLICATION
- 2. COMPLETED OWNER/EMPLOYEE PERMIT APPLICATIONS
- 3. OWNER'S AFFIDAVIT FOR CRIMINAL LIABILITY
- 4. FACILITY FOOD HANDLING PERMIT
- 5. HOMEOWNER'S AFFIDAVIT FOR BOARDING HOME USE
- 6. COPY OF PROPERTY LEASE AGREEMENT OR PROOF OF OWNERSHIP
- 7. COPY OF ASSUMED NAME CERTIFICATE, IF APPLICABLE
- 8. COPY OF DBA OR ARTICLES OF INCORPORATION, IF APPLICABLE
- 9. CERTIFICATE OF COMPLIANCE, OCCUPANCY LOAD CERTIFICATE, AND
FIRE INSPECTION COMPLETED BY FORT BEND COUNTY FMO

_____ **For Office Use Only** _____

Submitted by: _____ **Date:** _____

FBI: _____ **SID:** _____ **SPN:** _____ **CCH DATE:** _____

APP/DENY: _____ **DATE:** _____ **INVESTIGATOR:** _____



FIRE MARSHAL OFFICE

BOARDING HOME FACILITY PERMIT APPLICATION

INSTRUCTIONS: PLEASE TYPE OR PRINT CLEARLY. DO NOT LEAVE ANY BLANK FIELDS.

Boarding Home Facility Information (Project Name)	
Name of Boarding Home Facility:	Phone #:
Facility Address:	Zip Code:

Boarding Home Owner (Applicant)	
Name of Owner (Individual, Sole Proprietor, Partnership, Corporation, LLC):	
Trade Name/DBA (if applicable, a copy of the Assumed Name Certificate must be attached):	
Type of Ownership: <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
LLC	
Type of Application: <input type="checkbox"/>	Initial Permit <input type="checkbox"/>
Renewal Permit <input type="checkbox"/>	
Street Address:	
City:	State:
Zip Code:	
Phone #:	Fax #:
Email:	

Authorized Officer or Agent (Representative, if applicable):	
Name (First, Middle, Last, Suffix):	
Job Title:	
Street Address:	
City:	State:
Zip Code:	
Phone #:	Fax #:
Email:	

Property Owner (if not the same as the Boarding Home Owner):

Name (First, Middle, Last, Suffix):		
Street Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	Email:

Emergency Contact (if more than one, attach additional contacts to this application):

Name (First, Middle, Last, Suffix):		
Street Address:		
City:	State:	Zip Code:
Phone #:	Fax #:	Email:

Boarding Home Operations:

Total Number of Buildings in the Facility and the Square Footage of Each:		
Homes Total sq. ft.:		

Proposed Number of Disabled/Elderly Residents (for this address ONLY):

Note: Should you wish to increase the maximum number of disabled/elderly residents housed at this address, additional conditions may apply.

Total Number of Residents in Household: (include employees, operators, disabled residents, and other residents such as children)	Number of Off-Street Parking Spaces Provided: (minimum of 2 spaces required)
Number of Employees:	Number of Bedrooms:
Hours when Residents will be Supervised:	

Services Provided:

<input type="checkbox"/> Community Meals	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Grocery Shopping
<input type="checkbox"/> Money Management	<input type="checkbox"/> Transportation	<input type="checkbox"/> Laundry Services
<input type="checkbox"/> Light Housework	<input type="checkbox"/> Assistance with Self-Administration of Medication	

Employee and Volunteer Information Sheet

A criminal background check is required for all owners/operators, employees and volunteers of a Boarding Home as stated in Section 3 (P.12) of the Boarding Home Regulations. Criminal background checks will be completed by the Fort Bend County Fire Marshal Office.

Name (First, Middle, Last, Suffix):

Street Address:

City:	State:	Zip Code:
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Phone #:	Fax #:	Email:
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Name (First, Middle, Last, Suffix):

Street Address:

City:	State:	Zip Code:
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Phone #:	Fax #:	Email:
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Name (First, Middle, Last, Suffix):

Street Address:

City:	State:	Zip Code:
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Phone #:	Fax #:	Email:
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Owner's Affidavit for Boarding Home Facilities

Boarding Home Facility Affidavit Failure to Report; Penalty

TEXAS HUMAN RESOURCES CODE 48.052: FAILURE TO REPORT; PENALTY

A person commits an offense if the person has cause to believe that an elderly or disabled person has been abused, neglected, or exploited or is in the state of abuse, neglect, or exploitation and knowingly fails to report in accordance with this chapter. An offense under this subsection is a Class A Misdemeanor.

Boarding Home Facility Affidavit Owner Criminal Offense

I understand and agree that neither the owner(s), nor the operator(s), nor any of the employees/volunteers of the Boarding Home Facility have been convicted of any of the criminal offenses designated in Section 48 of this Code within the five-year period immediately preceding the date of the filing of the application, and stating further that the owner(s) and operator(s) acknowledge that non-compliance with Section 48 of this Code shall constitute cause to deny, revoke, suspend, or refuse for renewal, as applicable, the registration for the Boarding Home Facility.

To the extent that this affidavit is made on behalf of a corporation or for the benefit of any persons other than myself I have fully advised them of the content of this affidavit, and I am duly authorized to execute the same as the act and deed for the applicant or such persons.

I understand that this application is an official government record. I understand that knowingly making a false entry or omitting required information on any application documents may result in criminal charges and the denial/revocation of my permit.

Executed in Fort Bend County, State of Texas, on the _____ day of _____, 20__

Print Name: _____ Signature: _____

TO REPORT ALLEGATIONS OF ABUSE, CALL THE TEXAS ABUSE HOTLINE: 1.800.252.5400



FIRE MARSHAL'S OFFICE

HOMEOWNER'S AFFIDAVIT FOR HOME OCCUPATION & BOARDING HOME LICENSES/PERMITS

Name of Renter:			
Street Address:			
City:		State:	Zip Code:
Type of Facility:	<input type="checkbox"/> Boarding Home	<input type="checkbox"/> Other: _____	
Name of Property Owner:			Phone Number:

I am the property owner of the home at the above mentioned address. I have no objections to my home, which is presently being rented, to be used for the mentioned Home Occupation or as a Boarding Home facility.

STATE OF TEXAS
COUNTY OF FORT BEND

This instrument was acknowledged before me this _____ day of _____, 20 _____

by _____
Print Name of Property Owner

Signature of Property Owner

Notary Stamp

STATE OF TEXAS NOTARY PUBLIC, Signature

STATE OF TEXAS
COUNTY OF FORT BEND

This instrument was acknowledged before me this _____ day of _____, 20_____

by

Printed Name of Applicant / Authorized Agent

Signature of Applicant / Authorized Agent

STATE OF TEXAS NOTARY PUBLIC, Signature

Notary Stamp

STANDARD RESIDENTIAL LEASE AGREEMENT (SAMPLE ONLY – DO NOT REPLICATE)

PARTIES. This Residential Lease Agreement ("Agreement") made this ____ day of

_____, 20__ is between: _____

Landlord Name: _____ ("Landlord")

Landlord Address _____ AND

Tenant(s): _____

_____ ("Tenant").

The Landlord and Tenant are collectively referred to in this Agreement as the "Parties".
NOW, for the covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

LEASE TERM. This Agreement shall begin on the ____ day of _____, 20 ____ and end on the ____ day of _____ 20 ____ hereinafter known as the "Lease Term".

PROPERTY. The Landlord agrees to lease the described property to the Tenant:

Address: _____ ("Premises").

Residence Type: Single-family Apartment Condominium Other: _____

OCCUPANTS. The Premises is to be used as a residential dwelling only. The Tenant:

WILL have additional Occupant(s) residing in the Premises:

_____ ("Occupant(s)")

WILL NOT have additional Occupants residing in the Premises.

RENT. The rent to be paid by the Tenant to the Landlord throughout the term of this Agreement is to be made in monthly installments of \$ _____ ("Rent") and shall be due on the day of each month ("Due Date").

The rent should be paid in the following manner:

Corporation Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF Business Name

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Nonprofit Corporation has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY. The undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 09/05/2019

Effective: 09/05/2019

**SAMPLE ONLY –
DO NOT
REPLICATE**



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State

Food Handlers Course

ACCREDITED FOOD MANAGERS / FOOD HANDLERS COURSES

The Fort Bend County Office of the Texas A&M Agrilife Extension Service offers accredited Food Managers Certification and accredited Food Handler courses. The Food Manager Certification Program will teach managers about Food Safety & Sanitation, Food Flow & HACCP, and Managing the Operation. Upon passing the Prometric certification examination, you will fulfill state requirements for Certified Food Manager status.

For more information about the courses, visit Food Handlers: <https://fortbend.agrilife.org/fch/food-handlers-class/>. Food Managers: <https://fortbend.agrilife.org/fch/food-manager/> or contact the FCH department in Fort Bend County at 281-342-3034, ext. 7024.

CERTIFIED FOOD MANAGER & HANDLERS ONLINE COURSES:

State-Accredited Food Manager Certification (online):

<https://www.dshs.texas.gov/food-managers/certification.aspx#online>

ANSI-Approved Food Manager Certification (online):

<https://www.ansi.org/accreditation/credentialing/personnel-certification/food-protection-manager/ALLdirectoryListing.aspx?menuID=8&prgID=8&statusID=4>

ANSI-Approved Food Handlers Certification (online):

<https://www.ansi.org/Accreditation/credentialing/certificate-issuers/ALLDirectoryListing.aspx?prgID=237,238&statusID=4>