



PO BOX 0840, 161 W MAIN, ITALY, TX 76651-0840  
(972) 483-7329 (833) 311-1632 FAX

# Food Establishment Permit Application

Please print legibly

<b>Project Information</b>		<b>Permit #</b> _____
<b>Business Name:</b> _____		
<b>Business Address:</b> _____		<b>Hours of Operation:</b> _____
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Change of Owner
<input type="checkbox"/> Change of Name	<b>Previous Name:</b> _____	
<b>Type of Food Service:</b>		
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Grocery	<input type="checkbox"/> Day Care
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> School	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Seasonal	<b>List type:</b> _____	<b>Other:</b> _____
<input type="checkbox"/> Mobile Vendor	<b>Vehicle Name/Model:</b> _____	<b>Vin #:</b> _____
<b>Proof of Insurance:</b> _____		<b>Tag#:</b> _____

<b>Owner Information</b>		
<b>Company Name:</b> _____		<b>Contact Person:</b> _____
<b>Street Address:</b> _____		
<b>Phone Number:</b> _____	<b>Mobile No.</b> _____	<b>Email Address</b> _____

<b>Tenant Information</b>		
<b>Company Name:</b> _____		<b>Contact Person:</b> _____
<b>Street Address:</b> _____		
<b>Phone Number:</b> _____	<b>Mobile No.</b> _____	<b>Email Address</b> _____

<b>Provide following information on establishment:</b>		
<b>Number of Employees:</b> _____	<b>Seating Capacity:</b> _____	<b>Square Footage:</b> _____
<b># of Certified Food Service Handlers:</b> _____	<b># of Certified Food Service Managers:</b> _____	
<b>Does the Establishment have a Grease Trap?</b> _____	<b>If yes, capacity:</b> _____ lbs.	
<b>Grease Trap Service Company:</b> _____		
<b>Is this a non-smoking establishment?</b> _____		
<b>If no, what is seating capacity for sections:</b> Non-Smoking Section _____ Smoking Section _____		
<b>Does the establishment serve alcohol or plan to serve alcohol?</b> _____		

*I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, all provisions of the City Ordinances and State Laws will be complied with, whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the above establishment or authorized employee. Permission is hereby granted to enter premises and make all inspections.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

<b>Permit Fee:</b> _____	<b>Approved By:</b> _____
<b>Received By:</b> _____	<b>Date Issued:</b> _____
<b>Check # or Cash:</b> _____	<b>Expiration Issued:</b> _____
	<b>BV Project #:</b> _____