



ENVIRONMENTAL SERVICES DEPARTMENT
APPLICATION FOR FOOD ESTABLISHMENT AND BYOB

TYPE OF PERMIT - INITIAL [] RENEWAL [] TEMPORARY [] CHANGE OF NAME [] CHANGE OF OWNERSHIP []
TYPE OF ESTABLISHMENT _____ BYOB: Yes [] No []

ESTABLISHMENT

NAME OF ESTABLISHMENT _____
NAME OF BUSINESS ON SALES TAX PERMIT _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ EMERGENCY PHONE NUMBER _____

OWNER - MAILING ADDRESS

EMAIL ADDRESS _____

OWNER'S NAME _____
FOR INDIVIDUAL: D.O.B. _____ D.L.# _____ YR. EXPIRES. _____
BUSINESS NAME ON SALES TAX PERMIT: _____
FOR BUSINESS: SALES TAX PERMIT NO.: _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ EMERGENCY PHONE NUMBER _____

MANAGER

NAME _____ D.O.B. _____ D.L.# _____ YR. EXPIRES _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ EMERGENCY PHONE NUMBER _____

CERTIFIED STATEMENT - SIGNING BELOW ATTESTS TO EACH OF THE FOLLOWING STATEMENTS

- I UNDERSTAND THAT AFTER THIS APPLICATION HAS BEEN FILED, THE FOOD ESTABLISHMENT PERMIT FEE WILL NOT BE REFUNDED REGARDLESS OF APPROVAL OR DENIAL OF THE PERMIT.
THE FOOD ESTABLISHMENT AND BYOB PERMITS ARE NON-TRANSFERABLE.
I UNDERSTAND THAT ANY PERMIT GRANTED ON THIS APPLICATION MAY BE SUSPENDED OR REVOKED AND THAT FAILURE TO COMPLY WITH THE CODE OF ORDINANCES AND LAWS OF THE STATE OF TEXAS SHALL BE DEEMED SUFFICIENT CAUSE FOR THESE AND OTHER ENFORCEMENT ACTIONS.
TO THE BEST OF MY KNOWLEDGE ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE
I UNDERSTAND THE CITY WILL CONDUCT A CRIMINAL BACKGROUND CHECK FOR EACH PERSON LISTED AS OWNER, APPLICANT, AGENT, OR MANAGER, AND BY MY SIGNATURE BELOW AUTHORIZE SUCH BACKGROUND CHECK.
SHOULD ANY OF THE INFORMATION GIVEN ON THIS APPLICATION CHANGE OR BECOME IN ANY WAY INVALID, INACCURATE OR INCOMPLETE, I WILL NOTIFY THE ENVIRONMENTAL SERVICES DEPARTMENT IN WRITING WITHIN FIFTEEN (15) DAYS OF THAT CHANGE.

APPLICANT'S SIGNATURE _____ TITLE _____

FEE SUBMITTED _____ DATE _____

PLEASE TYPE OR PRINT FIRMLY. ALL LINES MUST BE COMPLETED FOR ACCEPTANCE

FOR OFFICE USE ONLY

DATE PERMIT GRANTED _____ INSPECTOR _____ PERMIT # _____

EXPIRATION DATE: _____

