

**City of Rockwall**  
**Food Service Establishment Permit Application**

Application date: \_\_\_\_\_

|                      |
|----------------------|
| Restaurant _____     |
| Catering Truck _____ |
| Grocery/Conv. _____  |
| Other _____          |

Address of business: \_\_\_\_\_

Name of business: \_\_\_\_\_

Type of food service: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Name of tenant: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Tenant's address: \_\_\_\_\_  
Street City, State, Zip

Contact Name/Manager: \_\_\_\_\_ Drivers Lic #: \_\_\_\_\_ State \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Owners Address: \_\_\_\_\_  
Street City, State, Zip

Number of employees \_\_\_\_\_ # of State Certified Food Service Mgrs: \_\_\_\_\_

# of City Certified FSM: \_\_\_\_\_ Seating Capacity \_\_\_\_\_ Square footage \_\_\_\_\_

Does the establishment have a grease trap? \_\_\_\_\_ If yes, capacity: \_\_\_\_\_ lbs.

Grease Trap Service Company: \_\_\_\_\_ Pest Control Company: \_\_\_\_\_

Does the establishment serve alcohol or plan to serve alcohol? \_\_\_\_\_\*

\*If yes, contact the City Secretary's Office at 972-772-6409.

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 an authorized employee. Permission is hereby granted to enter the premises and make all inspections.

Tenant's Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**\* OFFICE USE ONLY \***

Date issued: \_\_\_\_\_ Approved by: \_\_\_\_\_

Permit #: \_\_\_\_\_ Expiration date: \_\_\_\_\_