

City of Rockwall
Food Service Establishment Permit Application

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

Application date: _____

Name of business: _____

Address of business: _____

Type of food service: _____ Hours of operation: _____

Contact Name/Manager: _____ Drivers Lic #: _____ State _____

Name of Owner: _____ Phone # (_____) _____

Owners Address: _____
Street City, State, Zip

Number of employee's _____ # 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? _____

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.

Signature: _____ Today's date: _____

Printed name: _____

*** OFFICE USE ONLY ***

Date issued: _____	Approved by: _____
Permit #: _____	Expiration date: _____

Please send application, along with \$350.00 permit fee to:
City of Rockwall,
Neighborhood Improvement Services
385 S. Goliad St., Rockwall, TX 75087