

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

Application Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

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

Email address: \_\_\_\_\_

Contact Name/Manager: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

# of State Certified Food Protection Mgrs.: \_\_\_\_\_ # of City Certified FPM: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please send application, along with \$350.00 permit fee to:  
City of Rockwall  
385 S. Goliad  
Rockwall, Texas 75087  
972-771-7708

**\* OFFICE USE ONLY \***

Date Issued: \_\_\_\_\_

Approved By: \_\_\_\_\_

Permit #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_