City of Red Oak

Phone: (972) 576-3414
Fax: (972) 576-3425

P O Box 393,
101 S. Live Oak St. 75154

Food Establishment Permit Application

Project Information

Permit # _____

Business Name: _____

Business Address: _____ Hours of Operation: _____

☐ New ☐ Renewal ☐ Change of Owner ☐ Change of Name Previous Name: _____

Type of Food Service: ☐ Restaurant ☐ Grocery ☐ Day Care

☐ Convenience Store ☐ School ☐ Nursing Home Other: _____

☐ Seasonal/Temporary List type: _____

☐ Mobile Vendor Vehicle Name/Model: _____ Vin #: _____

Property Owner Info.

Company Name: _____ Contact Person: _____

Street Address: _____ Email: _____

Phone Number: _____ Fax Number: _____ Mobile Number: _____

Tenant Information

Company Name: _____ Contact Person: _____

Street Address: _____ Email: _____

Phone Number: _____ Fax Number: _____ Mobile Number: _____

Provide following information on establishment:

Number of Employees: _____ Seating Capacity: _____ Square Footage: _____

# of City Certified FSM: _____ # of State Certified Food Service Managers: _____

Pest Control Company _____

Does the Establishment have a Grease Trap? _____ If yes, capacity: _____ lbs.

Grease Trap Service Company: _____

Is this a non-smoking establishment? _____

If no, what is seating capacity for sections: Non-Smoking Section _____ Smoking Section _____

Does the establishment serve alcohol or plan to serve alcohol? _____*

*If yes, contact the City of Red Oak Planning & Zoning Department

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

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Permit Fee: _____

Received By: _____

Check # or Cash: _____

Date Issued: _____