Application for Food Establishment Permit

Please contact Town Hall once this form has been submitted to make payment.

Type of Establishment

	Restaurant/Bar
	Convenience Store w/o food prep
	Convenience Store w/ food prep
	Non-Profit or Public Organization

	Grocery Store (List Departments):

Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Occupying Establishment:

Legal Name of Establishment & (d.b.a.):_____

_____

Direct Phone:_____ Email Address:_____

Address/Location:_____Suite/Booth:_____

BILLING ADDRESS *[if different from establishment]*:_____

_____

Owner of Establishment:

If Ownership is a partnership, gives names, street addresses, city, state, zip & phone numbers of partners. If Corporation, give names, street address, city, state, zip & phone number of corporate/district office.

Owner of Establishment:_____

Direct Phone:_____Email Address:_____

Physical Mailing Address:_____

If Owner of Establishment is a business, list the Registered Agent as recorded with the Texas Secretary of State:

Name:_____

Direct Phone:_____ Email Address:_____

Physical Mailing Address:_____

City:_____State:_____Zip:_____

PHONE: 940-365-9333
MAILING ADDRESS: 1755 Main Street, Providence Village, TX 76227
EMAIL: permits@pvtx.gov

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Notice: *All fees are non-refundable. Incomplete applications or applications received without fees will not be processed.*

This application MUST be filled out completely, legibly, and correctly or it will NOT be accepted.

A copy of a valid State Driver's License of the owner(s) of the establishment is required.

I certify that all facts stated in this application are true and correct.

Signature:_____
[Owner of Establishment]

Printed Name of Signatory:_____

Date:_____

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