Town of Flower Mound Environmental Services
Address: 2121 Cross Timbers Road, Flower Mound, TX 75028
Phone: 972.874.6340 | Email: EnvPermitSubmittal@flowermound.gov
Website: www.flowermound.gov

Food Establishment Application

Permit Fee $350.00

No permit will be processed if application is not complete, not legible, and/or required documentation or fee is incorrect and/or missing. Permit fees are non-refundable.

☐ **Check here to be notified of any fee, permit, or inspection protocols or procedural changes.**

☐ New Permit ☐Renewal ☐Name Change ☐Change of Ownership

SITE INFORMATION		
Name of Establishment:		
Address:		
City:	State:	Zip:
Establishment Phone:		
Manager/ Person in charge:	Phone:	
Email:		
Mailing Address for permit renewal letter:		
Address:		
City:	State:	Zip:

CHECK ONE: ☐Full-Service Restaurant ☐Bakery ☐Hospital/ Assisted Living ☐School ☐Daycare.
☐Retail ☐Fast Food ☐Sandwich/ Deli ☐Grocery Store

OWNERSHIP ☐ Check here if ownership remained the same. (If change of ownership, please fill out below)		
TEXAS STATE SALES TAX NUMBER (Required):		
☐ Sole Proprietorship ☐ Partnership - list all partner's names, addresses, driver's license on back of application. ☐ Corporation - include name of Registered Agent in Texas ☐ Non-Profit - provide tax exempt paperwork		
Name of Proprietorship, Corporation, Partnership:		
Address:		
City:	State:	Zip:
Name of Contact Person:	Title:	
Phone:	Email:	

I understand any permit granted from this application may be revoked for cause. Failure to comply with the Town of Flower Mound rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or any false or misleading information provided on this application, shall be deemed cause for revocation of the Food Establishment Permit and CLOSURE of the establishment.

Applicant Name	Signature	Position/ Title	Date

For Environmental Health Services office use below this line		
Received by:	Fee paid: Y/N	Date:
Permit #:	Permit printed: Y/N	Risk Factor:

Approved By: _____ Date: _____