CITY HEALTH DEPARTMENT

115 W. 3rd St., P.O. Box 929, Pecos, Texas 79772
(432)445-2421 Fax (432)445-6670
www.pecostx.gov

FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

TAX ID: ☐ ACTIVE ☐ INACTIVE LICENSE # _____

NAME OF BUSINESS _____

ADDRESS _____ CITY _____ PHONE _____

MAILING ADDRESS _____

OWNER OF BUSINESS _____

HOME OFFICE ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

NAME OF MANAGER/PERSON IN CHARGE _____

TYPE OF BUSINESS _____

RESTAURANT, RETAIL FOOD STORE, LOUNGE, BAKERY, SNOW CONE STAND, ETC.

☐ PERMANENT ESTABLISHMENT ☐ TEMPORARY

☐ MOBILE ☐ VENDOR

IF THIS PERMIT IS FOR A SPECIAL EVENT, INDICATE DATE AND NAME.

NAME OF EVENT:_____ DATE: _____

NUMBER OF PERSONS WORKING IN ESTABLISHMENT _____

TYPES OF FOODS TO BE SOLD _____

AMERICAN, MEXICAN, BAKED GOODS, ITALIAN, CHINESE, ETC.

APPLICANTS SIGNATURE _____ DATE _____

REMEMBER

AN ANNUAL PERMIT EXPIRES ON DECEMBER 31ST OF EACH YEAR

A TEMPORY PERMIT EXPIRES 3 DAYS FROM DATE ISSUED