City of Rice Food Establishment Permit

305 North Dallas Street
Rice, TX 75155

903-326-7500

APPLICATION FOR FOOD ESTABLISHMENT PERMIT

Permit fees are not refundable and not transferable.

Name of Establishment: _____

Business Phone Number: _____

Location of Establishment: _____

Mailing Address: _____

Days of Operation: _____

Hours of Operation: From _____ To _____

Owner of Business: _____

Address: _____

Phone Number: _____ DL: _____

Email: _____

I acknowledge receipt of a copy of the Guidelines for Food Establishments and any violation can result in a citation. I certify that all facts stated in this application are true and correct to the best of my knowledge and belief.

Responsible Party Signature: _____

Responsible Parter Printed Name: _____

Date: _____

For Office Use Only _____	
Permit #: _____	Issued By: _____