City of Red Oak

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

101 S. Live Oak St.
Red Oak, Texas 75154

Food Establishment Permit Application

Project Information

Permit #

Business Name:

Business Address:

Hours of Operation:

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

☐ Convenience Store ☐ School ☐ Nursing Home Other:

☐ Seasonal/Temporary List type:

☐ Mobile Vendor Vehicle Name/Model: Vin #:

Owner Information

Company Name: Contact Person:

Street Address:

Phone Number: Fax Number: Mobile Number:

Tenant Information

Company Name: Contact Person:

Street Address:

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

Signature of Applicant: Date:

OFFICE USE ONLY

Permit Fee: Approved By:

Received By: Date Issued:

Check # or Cash: Expiration Issued:

BV Project #: