



## CITY HEALTH DEPARTMENT

115 W. 3<sup>rd</sup> St., P.O. Box 929, Pecos, Texas 79772

(432)445-2421 Fax (432)445-6670

[www.pecostx.gov](http://www.pecostx.gov)

### FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

TAX ID: ☐ ACTIVE

LICENSE # \_\_\_\_\_

☐ INACTIVE

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 31<sup>ST</sup> OF EACH YEAR

A TEMPORY PERMIT EXPIRES 3 DAYS FROM DATE ISSUED