



# Town of Pecos City

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

110 East 6<sup>th</sup> Street - P. O. Box 929

PECOS, TEXAS 79772

[www.townofpecoscitytx.com](http://www.townofpecoscitytx.com)

## CITY HEALTH DEPARTMENT

### FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

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 THAT AN ANNUAL PERMIT EXPIRES ON DECEMBER 31<sup>ST</sup> OF EACH YEAR AND A TEMPORARY PERMIT EXPIRES 3 DAYS FROM DATE ISSUED.**