



Town of Pecos City

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

115 West 3rd Street - P. O. Box 929

PECOS, TEXAS 79772

www.pecostx.gov

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 31ST OF EACH YEAR AND A TEMPORARY PERMIT EXPIRES 3 DAYS FROM DATE ISSUED.