



City of Lucas

Food Establishment Permit Application

permits@lucastexas.us

Project Information

Permit # _____

Business Name: _____

Business Address: _____

Hours of Operation: _____

New Renewal

Change of Owner Change of Name

Previous Name: _____

Type of Food Service:

Restaurant

Grocery

Day Care

Convenience Store

School

Nursing Home

Other: _____

Seasonal

List type: _____

Mobile Vendor

Vehicle Name/Model: _____

Vin #: _____

Proof of Insurance: _____

Tag#: _____

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: _____

Establishment Information:

Number of Employees: _____

Seating Capacity: _____

Square Footage: _____

of Certified Food Service Handlers: _____

of Certified Food Service Managers: _____

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? _____

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: _____

CC, Check # or Cash: _____

Expiration Issued: _____