

City of Lucas

Food Establishment Permit Application

permits@lucastexas.us

Project Information						Permit #		
Business Name:	I							
Business Address:	Hours of Operation:							
🗌 New 🔲 Renewal	Change	of Owner		Change of Name		Previous Name:		
Type of Food Service:	🗌 Restaura	nt		Grocery		Day Care		
Convenience Store	School			Nursing Home		Other:		
Seasonal Mobile Vendor	List typ Vehicle Name/Mod					Vin #:		
	Proof of Insurance					- Tag#:		
Our on he (on the state of the								
Owner Information Company Name:						Contact Person:		
Street Address:						Contact reison.		
Phone Number:		Fax Num	bor.			Mobile Number:		
			ibei.			Mobile Number.		
Tenant Information								
Company Name:					Cont	act Person:		
Street Address:								
Phone Number:	Fax Number:				_	Mobile Number:		
						-		
Establishment Informa	ation:					-		
Establishment Informa Number of Employees:		eating Capad	city:			- Square Footage:		
Number of Employees:			city:		ood S	- Square Footage: Service Managers:		
Number of Employees:	ood Service Handler	'S:	city:	# of Certified Fo				
Number of Employees: # of Certified F Does the Establishmen	ood Service Handler	rs: p?	city:	# of Certified Fo		Service Managers:		
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