



# City of Lucas

Address: 665 Country Club Lucas, Texas 75002

Phone: 972-912-1206

## Food Establishment Permit Application

### 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: \_\_\_\_\_