

## **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:				Н	ours of Operation:							
☐ New ☐ Renewal	☐ Change of O	wner 🗌	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: Proof of Insurance:				Vin #: - Tag#:							
	- Trool of illisurance.											
Owner Information												
Company Name:					Contact Person:							
Street Address:												
Phone Number:	Fax Number:				Mobile Number:							
Tenant Information												
Company Name:				Cont	act Person:							
Street Address:												
Phone Number:	_	Fax Number:			Mobile Number:							
Establishment Informa	tion:											
					Square Footage:							
Number of Employees:	Seatin	g Capacity:				# of Certified Food Service Handlers: # of Certified Food Service Managers:						
		g Capacity:		od S	_							
# of Certified F		g Capacity:	# of Certified Fo		_	lbs.						
# of Certified F  Does the Establishmen	Food Service Handlers:	g Capacity:	# of Certified Fo		Service Managers:							
# of Certified F  Does the Establishmen  Grease T	food Service Handlers:  t have a Grease Trap?	g Capacity:	# of Certified Fo		Service Managers:							
# of Certified F  Does the Establishmen  Grease T  Is this a non-sn	food Service Handlers:  t have a Grease Trap?  rap Service Company:		# of Certified Fo	city:	Service Managers:	lbs.						
# of Certified F  Does the Establishmen  Grease T  Is this a non-sn  If no, what is seating	Food Service Handlers:  It have a Grease Trap?  Trap Service Company:  Inoking establishment?	Non-Smok	# of Certified Fo	city:	Service Managers:	lbs.						
# of Certified F  Does the Establishmen  Grease T  Is this a non-sn  If no, what is seating  Does the estab  I have carefully read the provisions of the City Or	food Service Handlers:  thave a Grease Trap?  rap Service Company:  noking establishment?  capacity for sections:  lishment serve alcohol of  completed application and dinances and State Laws a am the owner of the above	Non-Smok r plan to ser d know the s will be comp ve establishn	# of Certified Fo  If yes, capac  sing Section  ve alcohol?  came is true and correlied with, whether he	ect a	Smoking Section  and hereby agree the specified or not.	lbs. nat if a permit is issu	th all					
# of Certified F  Does the Establishmen  Grease T  Is this a non-sn  If no, what is seating  Does the estab  I have carefully read the provisions of the City Or	food Service Handlers:  It have a Grease Trap?  Trap Service Company:  Inoking establishment?  I capacity for sections:  Ilishment serve alcohol of the above am the owner of the above preserving and services.	Non-Smok r plan to ser d know the s will be comp ve establishn	# of Certified Fo	ect a	Smoking Section  and hereby agree the specified or not.	nat if a permit is issu l agree to comply wi hereby granted to e	th all					
# of Certified F  Does the Establishmen  Grease T  Is this a non-sn  If no, what is seating  Does the estab  I have carefully read the provisions of the City Or property restrictions. I	food Service Handlers:  It have a Grease Trap?  Trap Service Company:  Inoking establishment?  I capacity for sections:  Ilishment serve alcohol of the above am the owner of the above preserving and services.	Non-Smok r plan to ser d know the s will be comp ve establishn	# of Certified Fo	ect a	Service Managers:  Smoking Section  and hereby agree the specified or not. In page 2. Permission is	nat if a permit is issu l agree to comply wi hereby granted to e	th all					
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