

ENVIRONMENTAL SERVICES DEPARTMENT APPLICATION FOR FOOD ESTABLISHMENT PERMIT

TYPE OF PERMIT – INITIAL □ RENEWAL			CHANE OF OWNERSHIP□
TYPE OF ESTABLISHMENT			
ESTABLISHMENT NUMBER	R OF EMPLOYE	ES (Excluding Certifi	ed Food Mgr)
NAME OF ESTABLISHMENT			
NAME OF BUSINESS ON SALES TAX PERMI	Γ		
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	EMERGENCY PHONE NUMBER		
OWNER – MAILING ADDRESS	EMAIL AD	DRESS	
OWNER'S NAME			
FOR INDIVIDUAL: D.O.B			
BUSINESS NAME ON SALES TAX PERMIT:_			
FOR BUSINESS: SALES TAX PERMIT NO.:			
ADDRESS			
	EMERGENCY PHONE NUMBER		
<u>MANAGER</u>			
NAME	D.O.B	D.L.#	YR. EXPIRES
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	EMERGENCY PHONE NUMBER		
CERTIFIED STATEMENT - SIGNING BELO			
 I UNDERSTAND THAT AFTER THIS APPLICATION HAS BEEN FILED, THE PERMIT FEE WILL NOT BE REFUNDED REGARDLESS OF APPROVAL OR DENIAL OF THE PERMIT, AND THAT THE PERMIT IS NOT TRANSFERABLE. 			
• I UNDERSTAND THAT ANY PERMIT GRANTED ON THIS APPLICATION MAY BE SUSPENDED OR REVOKED AND THAT FAILURE TO COMPLY WITH THE CODE OF ORDINANCES SHALL BE DEEMED SUFFICIENT CAUSE FOR THESE AND OTHER ENFORCEMENT ACTIONS.			
TO THE BEST OF MY KNOWLEDGE ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE			
SHOULD ANY OF THE INFORMATION GIVEN OF THE ENVIRONMENTAL SERVICES DEPARTMENT			
APPLICANT'S SIGNATURE		TITLE	
	DATE		
PLEASE TYPE OR PRINT FIRMLY.	ALL LINES MUST	BE COMPLETED FO	OR ACCEPTANCE
FOR OFFICE USE ONLY			
DATE PERMIT GRANTED	INSPECTOR	PERMI	T #
EXPIRATION DATE:			
City of Carrollton Environmental Services Department	envservices@cityofca 1945 E. Jackson Roa		Carrollton, Tx. 75006 (972) 466-3060

Rev. 1/10