



City of Alvarado

104 W. College St.
Alvarado, TX 76009
Phone 817-790-3351
Fax 817-783-7925

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: Convenience Store Restaurant Nursing Home
 Seasonal School Daycare
 Mobile Vendor Grocery Other: _____

Owner Information

Company Name: _____ Contact Person: _____

Street Address: _____

Phone #: _____ Fax #: _____ Mobile #: _____

E-mail Address: _____

Tenant Information

Company Name: _____ Contact Person: _____

Street Address: _____

Phone #: _____ Fax #: _____ Mobile #: _____

E-mail Address: _____

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: _____ Receipt #: _____

Check # or Cash: _____ Received by: _____