

City of Rockwall
Food Service Establishment Permit Application

Application Date: _____ Permit# _____

Restaurant _____
Grocery/Conv. _____
Other _____

Name of Business: _____

Address: _____ Phone # (____) _____

Invoicing Mailing Address: _____
Street City, State, Zip

Email address: _____

Contact Name/Manager: _____ Phone # _____

Name of Owner: _____ Phone # (____) _____

Owners Address: _____
Street City, State, Zip

of State Certified Food Protection Mgrs.: _____

Does the Establishment Have A Grease Trap? _____ If yes, capacity: _____ lbs.

Grease Trap Service Company: _____ Pest Control Company: _____

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: _____

Today's Date: _____

Printed Name: _____

Please send application, along with \$350.00 permit fee to:
City of Rockwall
Attn: NIS Dept
385 S. Goliad
Rockwall, Texas 75087
972-771-7708

*** OFFICE USE ONLY ***

Date Issued: _____

Approved By: _____

Permit #: _____

Expiration Date: _____