



Community Development
Environmental Health Division

5702 Rowlett Road, Rowlett, TX 75089
972-412-6125 Fax: 972-412-6297 Website: www.rowlett.com

RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

Please check one: [] Initial [] Renewal

Permit Fee: [] \$350 Dine-In [] \$300 Carry-Out [] \$450 Grocery [] \$ 200 Daycare/Schools
[] \$300 Mobile Food Vendor

FOOD ESTABLISHMENT INFORMATION

Name of Establishment: _____

Address of Establishment: _____

Name of Contact Person: _____ Title: _____

Phone: _____ FAX: _____ E-mail: _____

Driver's License Number: _____
(Required)

OWNERSHIP INFORMATION

TEXAS STATE SALES TAX NUMBER (Required): _____
(If not applicable, use FEIN #)

Circle one: Proprietorship Corporation Partnership (list all partner's names, addresses, driver's license on back of application)
For Corporation, include name of Registered Agent in Texas * For non-profit, include tax exemption paperwork

Name of Proprietorship, Corporation, or Partnership: _____

Address: _____
Street City State Zip

I understand any permit granted from this application may be revoked for cause and that the permit fee will not be refunded. Failure to comply with the City of Rowlett and/or State of Texas rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or any false or misleading information provide, shall be deemed cause for revocation.

Print Name Signature Position/Title Date

PERMIT NO. _____ For Neighborhood Services office use below this line (Rev 06/2019)

Approved by _____ Date _____