

# CITY OF PLEASANTON

## COMMUNITY DEVELOPMENT SERVICES DEPARTMENT

108 SECOND STREET, PLEASANTON, TEXAS 78064 \* PHONE: 830.569.3867 \* FAX: 830.569.5974

[www.pleasantontx.org](http://www.pleasantontx.org)

### FOOD ESTABLISHMENT PERMIT APPLICATION

**PLEASE PRINT**

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Name of Business:

Name of Owner, Firm, or Corporation:

Establishment Address:

Mailing Address:

City:

State:

Zip:

Phone: (     )     )

Fax: (     )     )

E-Mail:

Food Manager's Certificate Holder (PROVIDE COPY):

Expiration Date:

Tax Payer ID#:

#### GENERAL INFORMATION

Days and Hours of Operation:

Seating Capacity (As Determined By Inspector):

Number of Employees (Paid and Unpaid):

Grease Trap:  Yes  No Size:

Renewal

New

Owner:

Date Opened:

Change of Owner

Previous Owner:

Date Effective:

Change of Location

Previous Location:

Date Effective:

Change of Name

Previous Name:

Date Effective:

#### FOOD PERMIT ESTABLISHMENT FEE SCHEDULE (CHECK ONE)

\$0.00 – \$49,000.00    \$125.00   
  \$50,000.00 - \$149,000.00    \$250.00   
  \$150,000 – Or More    \$375.00

Name Change/Permit Copy/Late Renewal   
  Child/Adult Care Center    \$200/Year

School    \$200/Year

Nursing Home    \$200/Year

In making this application for a **FOOD ESTABLISHMENT PERMIT**, which is necessary to operate my business, I understand and agree to comply with all City Ordinances and State Laws that may govern the opening and operation of my Food Establishment. **I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I WILL COMPLY WITH ALL APPLICABLE REQUIREMENTS.**

Applicant Name (Print)

Date:

Applicant Signature:

Date:

#### FOR OFFICE USE ONLY

NOTES:	FOOD ESTABLISHMENT FEES	\$		
	NAME CHANGE/COPY/LATE FEES	\$		
	TOTAL FEES	\$		

CREATED BY:

DATE: