



City of Rockwall
Like No Other

Food Service Establishment Permit Application

Type of Establishment
Restaurant: _____
Grocery /Conv: _____
Other: _____

Must mark Type

Application Date: _____ Permit# _____

Name of Establishment: _____

Facility phone number: _____

Physical address of Establishment. _____

Manager at facility: _____

Mgr. Contact ph# _____ Manger email: _____

INVOICING INFORMATION:

Mailing address: _____
Street City, St, Zip

Email Address: _____ Phone# _____

Name of Business owner: _____

Owners Address: _____
Street Name City, State, Zip

Owners phone# _____ Owners email: _____

of State Certified Food Service Mgrs. _____

Capacity of Grease Trap: _____ Pest Control Company: _____

Does the establishment serve alcohol or plan to serve alcohol? _____

I have carefully read the competed 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 the 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 check for \$450.00 permit fee to:

City of Rockwall
Attn: NIS Dept.
385 S Goliad St.
Rockwall, TX 75087
972-771-7708