

FOOD ESTABLISHMENT PERMIT APPLICATION

DATE APPLICATION ISSUED \_\_\_\_\_

NAME OF OWNER AND MANAGER OR OPERATOR

\_\_\_\_\_

ADDRESS OF OWNER:

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_ - \_\_\_\_\_ (RESIDENCE)

TELEPHONE \_\_\_\_\_ - \_\_\_\_\_ (MANAGER OR OPERATOR)

TELEPHONE \_\_\_\_\_ - \_\_\_\_\_ (ESTABLISHMENT NUMBER)

NAME & ADDRESS OF RETAIL FOOD ESTABLISHMENT:

\_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DIRECTIONS IF OUTSIDE CITY LIMITS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WILL THIS ESTABLISHMENT BE SUPPLIED WITH PUBLIC OR PRIVATE  
SEWAGE AND WATER? \_\_\_\_\_

IF PRIVATE WATER SUPPLY GIVE I.D. # OF APPROVED WATER SYSTEM

\_\_\_\_\_

DATE RECEIVED BY BOWIE COUNTY

\_\_\_\_\_

DATE PERMIT ISSUED

\_\_\_\_\_

**COST OF PERMIT \$50.00** Make check or money order payable to Bowie County