



Community Development
Environmental Health Division
5702 Rowlett Rd., Rowlett, TX 75086

Submit document online at - WEB.MYGOV.US Phone 972-412-6125

RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

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

FOOD ESTABLISHMENT INFORMATION

Name of Establishment: _____

Address of Establishment: _____

Phone Number: _____

Contact Person Name: _____

OWNERSHIP INFORMATION

Business Owner Name: _____

Business Owner Phone Number: _____

Business Owner Email Address: _____

Type of Ownership (circle One): Proprietorship, Corporation, Partnership

Name of Proprietorship, Corporation or Partnership: _____

Registered Agent Name: _____

Registered Agent Phone Number: _____

Registered Agent Address: _____

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 provided, shall be deemed cause for revocation

Print Name

Signature

Position/Title

Date