



Phone: (940) 497-2528

Fax: (940) 497-3531

Town of Hickory Creek
1075 Ronald Reagan Avenue
Hickory Creek, Texas 75065

Food Establishment Permit Application

Project Information	Permit # _____
Business Name: _____	
Business Address: _____	
Hours of Operation: _____	
Previous Name: _____	
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Owner <input type="checkbox"/> Change of Name	
Type of Food Service:	<input type="checkbox"/> Restaurant <input type="checkbox"/> Grocery <input type="checkbox"/> Day Care
<input type="checkbox"/> Convenience Store <input type="checkbox"/> School <input type="checkbox"/> Nursing Home	Other: _____
<input type="checkbox"/> Seasonal	List type: _____
<input type="checkbox"/> Mobile Vendor	Vehicle Name/Model: _____ Vin #: _____

Owner Information	
Company Name: _____	Contact Person: _____
Street Address: _____	
Phone Number: _____	Fax Number: _____ Mobile Number: _____

Tenant Information	
Company Name: _____	Contact Person: _____
Street Address: _____	
Phone Number: _____	Fax Number: _____ Mobile Number: _____

Provide following information on establishment:		
Number of Employees: _____	Seating Capacity: _____	Square Footage: _____
# of Certified Food Service Handlers: _____	# of Certified Food Service Managers: _____	
Does the Establishment have a Grease Trap? _____	If yes, capacity: _____ lbs.	
Grease Trap Service Company: _____		
Is this a non-smoking establishment? _____		
If no, what is seating capacity for sections: Non-Smoking Section _____ Smoking Section _____		
Does the establishment serve alcohol or plan to serve alcohol? _____		

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, all provisions of the Town Ordinances and State Laws will be complied with, whether herein specified or not. I agree to comply with all 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 of Applicant: _____

Date: _____

OFFICE USE ONLY

Permit Fee: _____

Approved By: _____

Received By: _____

Date Issued: _____

Check # or Cash: _____

Expiration Issued: _____