

# CITY OF NEVADA



424 E FM 6 NEVADA, TX 75173 | 972-853-0027

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## Food Establishment Permit Application

<b>Project Information</b>	Permit # _____
Business Name: _____	
Business Address: _____	Hours of Operation: _____
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Owner <input type="checkbox"/> Change of Name	Previous 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 # _____
Proof of Insurance: _____	Tag # _____

<b>Owner Information</b>	
Company Name: _____	Contact Person: _____
Street Address: _____	
Phone Number: _____	Mobile No: _____   Email Address: _____

<b>Tenant Information</b>	
Company Name: _____	Contact Person: _____
Street Address: _____	
Phone Number: _____	Mobile No. _____   Email Address: _____

<b>Provide following information on establishment:</b>		
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 City 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: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Permit Fee: _____	Approved By: _____
Received By: _____	Date Issued: _____
Check # or Cash: _____	Expiration Issued: _____