



Phone: 817-489-2201
Website: www.newarktexas.com

Address: 209 Hudson St.
PO Box 156
Newark, TX 76071

Food Establishment Permit Application

Building Permit Number: _____

Project Description: New Renewal Change of Owner Change of Name; Previous Name: _____

Type of Food Service: Restaurant Grocery Day Care Convenience Store School

Seasonal Nursing Home Other Mobile Vendor

Owner Information

Company Name: _____ Contact Person: _____

Street Address: _____

Contact Number: _____ Email Address: _____

Tenant Information

Company Name: _____ Contact Person: _____

Street Address: _____

Contact Number: _____ Email Address: _____

Establishment Information

Number of Employees: _____ Seating Capacity: _____ Square Footage: _____

of Certified Food Service Handlers: _____ # of Certified Food Service Managers: _____

Is a grease trap present: _____ If yes, capacity: _____ lbs. Grease Trap Service Company: _____

Is this a non-smoking establishment? ___ If no, list seating capacity - Non-Smoking Section: ___ Smoking Section: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

Office Use Only

Permit Fee: _____ Other Fees: _____ Total Fees: _____

Approved: _____ Date: _____

Expiration Issued: _____

Receipt #: _____
Issued Date: _____
Issued By: _____
BV Project #: _____