



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

Total Fees: _____ Payment Date: _____ Payment Type: _____ Receipt # _____ By: _____
Date Sent to PR: _____ Received from PR: _____ BV Project #: _____
Approved By: _____ Permit Issued on: _____