



**Town of Flower Mound Environmental Services**

Address: 2121 Cross Timbers Road, Flower Mound, TX 75028

Phone: 972.874.6340 | Email: [EnvPermitSubmittal@flower-mound.com](mailto:EnvPermitSubmittal@flower-mound.com)

Website: [www.flower-mound.com](http://www.flower-mound.com)

# Food Establishment Application

## Permit Fee \$300.00

New Permit     
  Renewal     
  Name Change     
  Change of Ownership

SITE INFORMATION		
Name of Establishment:		
Address:		
City:	State:	Zip:
Establishment Phone:		
Manager/ Person in charge:		Phone:
Email:		
Mailing Address for permit renewal letter:		
Address:		
City:	State:	Zip:

**CHECK ONE:**  
 Full Service Restaurant  
 Bakery  
 Hospital/ Assisted Living  
 School  
 Daycare  
 Retail  
 Fast Food  
 Sandwich/ Deli  
 Grocery Store

OWNERSHIP		
<b>TEXAS STATE SALES TAX NUMBER</b> (Required):		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership - list all partner's names, addresses, driver's license on back of application <input type="checkbox"/> Corporation - include name of Registered Agent in Texas <input type="checkbox"/> Non Profit - provide tax exempt paperwork		
Name of Proprietorship, Corporation, Partnership:		
Address:		
City:	State:	Zip:
Name of Contact Person:		Title:
Phone:		Email:

**I understand any permit granted from this application may be revoked for cause. Failure to comply with the Town of Flower Mound 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 on this application, shall be deemed cause for revocation of the Food Establishment Permit and CLOSURE of the establishment.**

Applicant Name	Signature	Position/ Title	Date

**No permit will be processed if application is not complete, not legible, and/or required documentation or fee is incorrect and/or missing. Permit fees are non-refundable.**

For Environmental Health Services office use below this line		
R'cvd by:	Fee paid : Y/N	Date:
Permit #:	Permit printed : Y/N	Risk Factor:

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_