

**TOWN OF ST. PAUL  
2505 BUTSCHER'S BLOCK  
ST. PAUL, TEXAS 75098 972-442-7212**

**APPLICATION FOR FOOD SERVICE ESTABLISHMENT PERMIT**

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_  
\_\_\_\_\_

Contact Name/Manager: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone No. \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
(Street) (City, State, Zip Code)

Number of Employees: \_\_\_\_\_ No. of Certified Food Service Managers: \_\_\_\_\_

Indoor Seating Capacity: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Meals Served: \_\_\_\_\_

Does the Establishment have a grease trap? Yes  No  If yes, capacity: \_\_\_\_\_ lbs.

Grease Trap Service Company: \_\_\_\_\_

Pest Control Company: \_\_\_\_\_

Please check type of facility and include the appropriate Permit Fee:

_____ Restaurant/Club	\$200.00
_____ Grocery	\$300.00
_____ Convenience Store	\$200.00
_____ Day Care	\$100.00/\$200.00
_____ Temporary Event	\$ 75.00
_____ ISD	exempt

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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* OFFICE USE ONLY \***

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

Permit #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_