



HUDSON OAKS

Food Establishment Permit Application

City of Hudson Oaks
210 Hudson Oaks Drive
Hudson Oaks, TX 76087
Phone: 682-229-2400

Project Information		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"/> Convenience Store	<input type="checkbox"/> School	<input type="checkbox"/> Day Care
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Nursing Home	Other: _____
<input type="checkbox"/> Mobile Vendor	List type: _____	
Vehicle Name/Model: _____	Vin #: _____	
Proof of Insurance: _____	Tag#: _____	

Owner Information		
Company Name: _____	Contact Person: _____	
Street Address: _____		
Phone Number: _____	Fax Number: _____	Mobile Number: _____

Tenant Information		
Company Name: _____	Contact Person: _____	
Street Address: _____		
Phone Number: _____	Fax Number: _____	Mobile Number: _____

Provide following information on establishment:		
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: _____

OFFICE USE ONLY

Permit Fee: _____	Approved By: _____
Received By: _____	Date Issued: _____
Check # or Cash: _____	Expiration Issued: _____
	BV Project #: _____