



City of Burleson
 Retail Food Operation Permit Application
 725 S E John Jones, Burleson, TX 76028
 (817) 426-9635



Establishment Name: _____ Date: _____ Permit #: _____

Square Footage: _____ Fee: _____ Permit Effective Date: _____

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

Please Note: Initial licenses will expire one year from date of payment receipt by the Department.

New (Initial)

Change of Ownership Previous owner: _____
 Effective Date: _____

* Change of ownership requires submission of a new application and a fee is applied

Amended - Change of Location - previous location: _____
 - new location: _____
 Enter the date the change: _____

Change of Name - previous name: _____
 current name: _____
 effective: _____

**Any changes to a licensed place of business requires submission of a new application and fee as listed on Page 1. The current expiration date remains in effect except for in the case of a Change of Ownership. The date of change will start a new permit date.*

Renewal - Renewals are valid from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

Type of Establishment

Food Establishment- any place where food is prepared and intended for individual portion service.

Retail Food Store- a food establishment or section of an establishment where food and food products are offered to the consumer and intended for off-premise consumption.

Child Care (Kitchen Only) **Catering Operation** **Commissary**

Physical Location of Establishment

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

BUSINESS HOURS OF OPERATION: Mon-Fri _____ Sat: _____ Sun: _____

OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Driver's License Number: _____

E-mail Address: _____

Where would you like invoices mailed to?: **Establishment** **or** **Owner Address**

Emergency Contact Information

Name: _____ Phone Number: _____

Ownership of Business

Partnership _____ Corporation _____ Sole Proprietorship _____

Sales Tax ID # _____

Inspector's Signature _____ Date: _____

Applicant's Signature _____ Date: _____