



**Food Service Facility / Eating and Drinking  
Establishment Permit Application**

Application is hereby made for a permit to operate a Food Service Facility / Eating and Drinking  
Establishment in the City of Edinburg

Today's Date \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_ Change of Owner \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Does the Business do Catering? Yes or No

Owner's Name or Corporation: \_\_\_\_\_

Owners or Corporation Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Former Name of Facility (if applicable): \_\_\_\_\_

Normal Working Hours and Days Open for Business: \_\_\_\_\_

Number of Employees: Less than 10 or 11 or more

Signature of Owner: \_\_\_\_\_

Print Name of Above Signature: \_\_\_\_\_

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**OFFICE USE ONLY**

Receipt Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cash or Check #: \_\_\_\_\_

Permit Number: \_\_\_\_\_



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