



**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

New  Renewal  Change of Owner  Today's Date: \_\_\_\_\_

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

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

Does the Business Do Catering? Yes or No

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

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

Printed Name of Above Signature: \_\_\_\_\_

**OFFICE USE ONLY**

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

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

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

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

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

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

**PRINT/DELIVER**