



Permit #: _____

City of Stafford

2610 South Main

Stafford, Texas 77477

Food Establishment New/Renewal Application

Print or Type

Please note that renewals are due no later than December 31

Business Name (as on permit):			
Business Location:			
Mailing Address (if different from above)			
Business Phone #:		Fax Number:	
Local Email Address:		Is this a: <input type="checkbox"/> Personal Email <input type="checkbox"/> Work Email	
Corporate Email Address		Is this a: <input type="checkbox"/> Personal Email <input type="checkbox"/> Work Email	
<input type="checkbox"/> If you would like to have a copy of your Food Establishment permit mailed to a different address please specify here:			
Type of Business	<input type="checkbox"/> Alcohol Establishment	<input type="checkbox"/> Daycare	<input type="checkbox"/> Convenience Store
<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Wholesale Distributor
Business Hours:		Square Footage of Building:	
Please print full name	Owner Name:		Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell
			Alternate #:
	Certified Manager:		Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell
			Alternate #:
	Emergency Contact:	Title:	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell
			Alternate #:

Signature: _____ **Date:** _____

City Use Only:	<input type="checkbox"/> <5,000 SF=\$200.00	<input type="checkbox"/> 5,001-10,000=\$400.00	<input type="checkbox"/> >10,001=\$600.00
Hotel/Motel <input type="checkbox"/> Non-PHF=\$200.00	<input type="checkbox"/> PHF=\$400.00	<input type="checkbox"/> Daycare \$150.00	<input type="checkbox"/> Pre-Opening Inspection \$100.00 <input type="checkbox"/> Late Fee \$50.00
Late:	Front Desk Receipt #:		
Total Fee:	Paid by: Cash Check Money Order		
Establishment #:	Check Number:		
Approved By:	Today's Date:		

Permit Department

Office Number (281) 261-3940

Fax Number (281) 261-3939