



Payment Receipt No. _____

City of Seagoville

P.O. Box 369 • 702 North Highway 175 • Seagoville, Texas 75159
972-287-2050 • Fax 972-287-3891

Festival Food Service Permit Application

Please check the appropriate box:

| | | |
|--------------------------|-----------------------------------|----------|
| <input type="checkbox"/> | Temporary food service | \$100.00 |
| <input type="checkbox"/> | Temporary Non-Profit Organization | \$25.00 |

Name of Business: _____

Address: _____

Mailing Address: _____

Owner of Business: _____

Address: _____

Home Phone: _____ Business Phone: _____

Number of Employees: _____

Contact Name: (Local) _____ PH# _____ Date: _____