



Payment Receipt No. \_\_\_\_\_

City of Seagoville  
702 N. Hwy 175 Seagoville, Texas 75159  
Business Number: 972-287-2050

### Food Service Permit Application

Please check the appropriate box(es)

<input type="checkbox"/>	Plan review for a fixed facility for all new permitted establishments	\$100.00
<input type="checkbox"/>	Full-service restaurants, cafeteria, fast-food	\$275.00
<input type="checkbox"/>	Nursing home dietary department	\$275.00
<input type="checkbox"/>	Day care center/ School	\$275.00
<input type="checkbox"/>	Convenience store, package groceries <u>only</u>	\$275.00
<input type="checkbox"/>	Convenience store deli (additional fee)	\$200.00
<input type="checkbox"/>	Grocery store <u>only</u>	\$350.00
<input type="checkbox"/>	Grocery store meat market (additional fee)	\$275.00
<input type="checkbox"/>	Grocery store deli (additional fee)	\$200.00
<input type="checkbox"/>	Temporary food service, three (3) day limit 2 wk notice	\$100.00
<input type="checkbox"/>	Mobile food vendor	\$125.00
<input type="checkbox"/>	Entertainment center with concession (theatre, roller rink)	\$200.00
<input type="checkbox"/>	Bed and Breakfast	\$150.00
<input type="checkbox"/>	Bed and Breakfast with food services	\$250.00
<input type="checkbox"/>	Food safety manager certificates from the City of Seagoville	\$35.00
<input type="checkbox"/>	Temporary Non-Profit Organization – 3-day permit 2 wk notice	\$25.00

**Administrative fee for all establishments (excludes Non-profit organizations) \$50.00**

Total \$ \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Contact Name: \_\_\_\_\_ PH# \_\_\_\_\_

**\*Application MUST be filled out for each Business or School prior to accepting payment\***