

CITY OF STEPHENVILLE

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APPLICATION FOR
RETAIL FOOD SERVICE PERMIT

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1. DATE _____ / ____ / _____
2. NAME OF BUSINESS _____
3. ADDRESS OF BUSINESS _____
4. MAILING ADDRESS IF DIFFERENT FROM ABOVE _____
5. TELEPHONE NUMBER OF BUSINESS _____
6. NAME OF OWNER _____
7. TYPE OF FACILITY _____
8. SIGNATURE OF APPLICANT _____