

Office use only: (RETAIL OPEN, RETAIL, FOOD SERVICE)	TYPE: ANNUAL
DATE:	FEE: \$

Payable to:

**CITY OF SPRINGTOWN**  
P.O. Box 444 / 102 E. Second Street  
Springtown, Texas 76082  
(817) 523-4834

**DO NOT REMIT PERMIT FEE UNTIL 4 WEEKS PRIOR TO OPENING**

NEW OWNER \_\_\_\_\_

NEW ESTABLISHMENT \_\_\_\_\_

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

Business Address: (Physical location) \_\_\_\_\_

City, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

\*\*\* PLEASE USE 9 DIGIT ZIP CODE \*\*\*

Owner(s) Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

If Corp., List Principals: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

District Office Address: \_\_\_\_\_

If mobile unit, list license number: \_\_\_\_\_

Name & address of commisary: \_\_\_\_\_

Tax Exempt? \_\_\_\_\_ On a well? \_\_\_\_\_ On a septic tank? \_\_\_\_\_

Hours / Days of Operation: \_\_\_\_\_

RETAIL & RETAIL OPEN: DESCRIBE OPERATION AND TYPES OF FOOD: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOOD SERVICE: DESCRIBE OPERATION AND MENU OFFERED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extent of menu: Prepackaged only \_\_\_\_\_ Less than 15 items \_\_\_\_\_

15 - 40 items \_\_\_\_\_ Over 40 items \_\_\_\_\_