



City of Weslaco  
 Code Enforcement  
 255 South Kansas Ave Weslaco, TX.78596  
 Phone: 956-447-3401  
 Fax: 956-973-3128

**Application for  
 "Food Establishment  
 Permit"**

Date: \_\_\_\_\_

**BUSINESS APPLICANT**

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

Business Address: \_\_\_\_\_ Suite # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Alternative Phone: ( ) \_\_\_\_\_

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

No. of Employees: \_\_\_\_\_ Email: \_\_\_\_\_ (optional)

Category:  Restaurant  Retail Subcategory: \_\_\_\_\_

Type of Business:

Individual  Partnership  Corporation  Franchise

**I'm applying for a Food Establishment Permit, which is required to operate my business. I understand and agree to comply with all City of Weslaco Ordinances and other city and state laws that may govern my particular business. I understand that any violation of the above said restrictions could mean immediate revocation of the permit to operate.**

**X**

Applicant's Signature and Title

**OFFICE USE**

\_\_\_\_\_  
 Date Issued

\_\_\_\_\_  
 Inspector Signature

\_\_\_\_\_  
 Permit Fee

\_\_\_\_\_  
 Permit No.