



**TOWN OF BROCK, TX  
 RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION  
 INITIAL, RENEWAL, OR CHANGE OF OWNERSHIP  
 Ordinance No. 0-2025-007**

This application is for retail food establishments and retail food stores that are in the areas where the Town of Brock has jurisdiction.

**ALL TWO PAGES OF APPLICATION AND PAYMENT(S) MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED.**

**CHOOSE ONE BELOW:**

- **FOOD ESTABLISHMENT:** any place where food is prepared and intended for individual portion service. This includes the site at which the individual portions are provided for consumption on or off premises, and regardless of whether there is a charge for the food, bed & breakfasts, restaurants, bars, cafes, snack bars, hospitals that serve food to the general public, and correctional facilities
- **RETAIL FOOD STORE:** a food establishment or section of an establishment where food and food products are offered to the consumer and intended for off-premises consumption. This includes delicatessens that offer prepared food in bulk quantities, grocery stores, markets, etc.

Name Under Which Business is Conducted (DBA): \_\_\_\_\_  
 Physical Address to be Licensed: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone # at address: (\_\_\_\_) \_\_\_\_\_

MARK APPROPRIATE BOX TO INDICATE PURPOSE OF APPLICATION, and/or ANY CHANGE IN STATUS OF FIRM.

- **NEW (Initial)**
- **CHANGE OF OWNERSHIP**  
 Previous Owner \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Change of ownership requires submission of a new application and fee.
- **RENEWAL**  
 Renewals are valid from anniversary date.
- **NOTICE THAT FIRM IS OUT OF BUSINESS** \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

**BUSINESS DAYS/HOURS OF OPERATION:**

MONDAY/TUESDAY/WEDNESDAY/THURSDAY/FRIDAY/SATURDAY/SUNDAY  
 \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm.

**WEBSITE ADDRESS:** \_\_\_\_\_

**MAILING INFORMATION ( The license and/or courtesy renewal notice will be mailed to the following:**

MAILING NAME \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_

**NAME OF APPLICATION PREPARER (CONTACT PERSON)**

TELEPHONE NUMBER OF APPLICATION PREPARER: \_\_\_\_\_

EMAIL ADDRESS OF APPLICATION PREPARER: \_\_\_\_\_

**LICENSE HOLDER INFORMATION:** A COPY OF THE SALES TAX CERTIFICATE MUST BE INCLUDED IN THIS APPLICATION  
PLEASE ENTER THE 11 DIGIT STATE TAXPAYER'S IDENTIFICATION NUMBER ON FILE WITH TEXAS.  
\_\_\_\_\_

**COMPLETE THE ONE BOX BELOW THAT RELATES TO THE TYPE OF OWNERSHIP OF YOUR BUSINESS.**

SOLE PROPRIETORSHIP/SOLE OWNER  
Name of sole owner \_\_\_\_\_  
Address \_\_\_\_\_

PARTNERSHIP LP/LLP/LTD  
Name of Partnership \_\_\_\_\_  
Partnership Address \_\_\_\_\_

PARTNER NAME AND ADDRESS: \_\_\_\_\_  
PARTNER NAME AND ADDRESS: \_\_\_\_\_  
PARTNER NAME AND ADDRESS: \_\_\_\_\_

CORPORATION  
 LLC

CORPORATION NAME: \_\_\_\_\_  
CORPORATION ADDRESS: \_\_\_\_\_  
PRESIDENT NAME AND ADDRESS: \_\_\_\_\_  
OFFICER'S NAME: \_\_\_\_\_  
OFFICER'S NAME: \_\_\_\_\_  
NAME OF REGISTERED AGENT: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME & TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please remit payment **VIA CHECK** to the Town of Brock at 2491 FM 1189 STE 400, Weatherford, TX, 76087

**ANNUAL PERMIT FEES (Ordinance No. O-2025-007)**

Food Establishment Permit	\$240.00
Mobile Food Vendor Permit	\$150.00
Food Establishment Inspection	\$150.00
Required Reinspection Fee	\$150.00

**TOWN OF BROCK USE ONLY:**

Date application received:	Date application Approved:	Payment:	Check _____
----------------------------	----------------------------	----------	-------------