



212 Main Street · Lake Dallas, Texas 75065 · (940) 497-2226 · (940) 497-4485 Fax  
[www.lakedallas.com](http://www.lakedallas.com)

## Health Permit (City-Sponsored Special Event)

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business mailing address if different: \_\_\_\_\_

Name of business contact: \_\_\_\_\_ Title: \_\_\_\_\_

Primary phone contact: \_\_\_\_\_ Secondary phone contact: \_\_\_\_\_

Fax: \_\_\_\_\_ Email \_\_\_\_\_

Hours of operation: \_\_\_\_\_ After hours contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of property owner: \_\_\_\_\_

Address of property owner: \_\_\_\_\_

If special event, please list dates:

**All food establishments are required to have grease traps and shall be completely pumped out at least once every one hundred twenty (120) days and at all other times as necessary to maintain their effectiveness.**

I attest that the information provided above is true and accurate. I agree to comply with the City of Lake Dallas rules and regulations and understand that failure to do so may result in revocation or suspension of the permit. This permit is not transferable and the permit fees are non-refundable.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

City-Sponsored Special Event

\$15.00

Permit Approved: \_\_\_\_\_ Permit Denied: \_\_\_\_\_

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