



BEXAR COUNTY FIRE MARSHAL'S OFFICE

622 DOLOROSA
SAN ANTONIO, TEXAS 78207-4535
TEL: 210.335.0300 FAX: 210.335.0330



CHRIS LOPEZ
Fire Marshal

APPLICATION FOR REGISTERED OPERATION

SELECT TYPE OF REGISTRATION REQUESTED

Fuel Dispensing Operation

(Complete Section A, B & C)

\$150.00 Annual Registration Fee

Mobile Food Vending

(Complete Section D & E Only)

\$125.00 Annual Registration Fee

SECTION A: Dispensing Operation Information

Name of Business/Site		Address/Location of Operation		City	Zip Code
Name of Owner/Company		Address		City	State Zip Code
Local 24 hr. Contact Person	Address		City	Home Ph. #	Cell Ph. #
Alternate Contact Person	Address		City	Home Ph. #	Cell Ph. #
Business e-mail Address			Other Contact Information		

SECTION B: Fueling Information

Total # of Fueling Pumps	Total Fuel Storage Capacity	Type of Tanks
Types of Fuel Dispensing		
<input type="checkbox"/> Gasoline	<input type="checkbox"/> Ethanol (E-85)	<input type="checkbox"/> Diesel
<input type="checkbox"/> Butane	<input type="checkbox"/> CNG	<input type="checkbox"/> Other
<input type="checkbox"/> Bio-Diesel	<input type="checkbox"/> Propane	<input type="checkbox"/> LNG

SECTION C: Spill Response Information

Name of Spill Response Company	Address	24 hr. Contact Phone #
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SECTION D: Mobile Food Vending Information

Name of Vending Operation		Business Mailing Address		City	Zip Code
Business Owner Name	Home Address		City	Home Ph. #	Cell Ph. #
e-mail Address		Alternate/Emergency Contact Name		Alternate/Contact Ph. #	

SECTION E: Vehicle Information

Type of Operation		Vehicle Type		License #	State
<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Site Catering	<input type="checkbox"/> Truck			
<input type="checkbox"/> Pre-prepared/packaged foods		<input type="checkbox"/> Trailer			
Self-contained Electrical Generator			Self-Contained Fuel System for Cooking		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Propane _____ Gal/Lbs	<input type="checkbox"/> Butane _____ Gal/Lbs	
		<input type="checkbox"/> No	<input type="checkbox"/> LNG _____ Gal/Lbs		

I hereby affirm that the information provided herein is true and accurate to the best of my knowledge.

Signature of Responsible Party

Date

For Official Use Only

Facility ID#	Date Received/Paid:	Fee Paid:	Check/M.O. #:	Receipt #:	Received By:
Deposit to:		Initial/Renewal:		Issued Sticker #	Permit # (if applicable)
General Fund		<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal		