





- 6) Premise should be clean and free of debris.
- 7) If on a well, have the TCEQ well ID # available
- 8) If on a septic system, have your current Bexar County OSSF license to operate available
- 9) The fire marshal approval.
- 10) Other items maybe applicable depending on your operations.

**5. Is a Certified Food Manager (CFM) required?**

Yes, a CFM must be on site while food services operations are occurring. Post the certificate on site.

**6. How can I get a copy of my last inspection report? (See question 7)**

**7. How do I get a copy of my permit?**

For licensing done after October 1, 2013 contact the County's new inspection designee: The Environmental Health Group, LLC. Contact the City of San Antonio Metro Health at (210) 207-0135 for licensing done prior to October 1, 2013. Your last inspection report and current permit are required to be posted on site.

**General Information:**

**1. What about restrooms, bathrooms, toilet facilities & port-a-potties?**

Port-a-potties for temporary event use only and cannot be used in place of a permanent bathroom/restroom/toilet facility.

- Fixed Food Establishments are required to have a restroom/bathroom/toilet facility for the employees. It can be either a separate bathroom/restroom/toilet or the public bathroom/restroom/toilet. The bathroom/restroom/toilet must have a flush type toilet and toilet tissue, hand washing lavatory with hot and cold running water outfitted with soap, paper towels, a vent, a self-closing door, smooth, easily cleanable nonabsorbent walls, floors and ceilings. Port-a-potties DO NOT meet this requirement and are not authorized in place of a restroom meeting these requirements.
  
- Mobile Vendors that operates as a true mobile vendor, moving from location to location, selling as he go, do not have a restroom requirement within the unit, because they can stops at various locations with an approved bathroom/restroom/toilet when needed. Private home/residential restroom/bathroom/toilet facility are NOT acceptable

**2. If an established (currently licensed) restaurant/mobile vendor/food establishment changes ownership or management does it need a new license?**

Yes. A change of ownership or management requires a new license and inspection.



# COUNTY OF BEXAR

## PUBLIC WORKS DEPARTMENT

1948 Probandt St.  
 San Antonio, Texas 78214  
 (210) 335-6700 (Option 6) • Healthpermits@bexar.org

| Food Service Establishment (FSE) Permit Fees<br>for Unincorporated Bexar County |                                      |  |
|---|--------------------------------------|--|
| Unincorporated Bexar County<br>1-3 employees                                    | \$175.00                             | Annual permit fee to operate a fixed food service establishment (such as a restaurant) in unincorporated Bexar County.   |
| Unincorporated Bexar County<br>4-6 employees                                    | \$225.00                             |  |
| Unincorporated Bexar County<br>7+ employees                                     | \$300.00                             |  |
| Mobile Food Unit  | \$150.00                             | Annual permit fee for food services only per vehicle. (Additional inspection by other agencies such as the Bexar County Fire Marshal, or vehicle safety inspection may be required.) |
| The Food Service of child care centers,<br>Schools and other group facilities   | \$150.00                             | Annual permit fee for the food service only. (Other services of these types of establishments are inspected/permitted by other agencies.)  |
| Temporary Food Establishment,<br>Fee Per Stand                                  | \$45.00                              | This fee is good for a 14 day period only.   |
| Mailing Fee   | \$25.00                              | Administrative fee for mailing permit or other documents.  |
| Email   | No Fee                               | Permit or other documents can be emailed, free of charge.  |
| Pool Complaint  | \$75.00                              | Administrative fee for handling pool complaint.  |
| Complaint Inspection Fee  | \$75.00                              | Administrative fee for inspecting and handling complaint.  |
| Food Born Illness (FBI) Fee   | \$100.00<br>plus lab<br>fees         | Laboratory and administrative fee for handling a FBI.  |
| Plan Review Fee   | \$250.00                             | Administrative fee per plan review.  |
| Re-inspection Fee   | \$125.00                             | Assessed only if re-inspection of an FSE is required.  |
| Administrative Penalty  | Not to<br>exceed<br>\$500<br>per day | Penalty pursuant to Texas Health and Safety Code § 437.0185.   |



# COUNTY OF BEXAR ♦ PUBLIC WORKS

## FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

1948 Probandt St.  
San Antonio, Texas 78214  
(210) 335-6700 (Option 6) • Healthpermits@bexar.org

|                          |  |
|--------------------------|--|
| <b>APPLICATION DATE:</b> |  |
| <b>PERMIT NUMBER:</b>    |  |

Is this a new business?  Yes  No If yes, we need expected opening date: \_\_\_\_\_

### **PERMIT TYPE** - Please select the type of permit needed.

- Restaurant  Mobile Vending  Foster Care  Adult Day Care  Assisted Living  Bakery
- Child Day Care  Convenience Store  Deli  Fast Food Restaurant  Full Service Bar
- Hospital  Meat Market  Pre-Packaged Food Establishment  Retail Food Store
- School  Single Service Bar  Snack Bar  Other (specify) \_\_\_\_\_

### **MOBILE VENDORS ONLY** - Please select type of vending unit.

*(Mobile vendor inspections are scheduled for Thursdays from 3:30pm to 5:00pm.)*

- Trailer  Vehicle Vending  Kitchen on Wheels  Pushcart

Do you have a Commissary Contract?  Yes  No

### **ESTABLISHMENT INFORMATION**

- Fire Marshal Inspection  Yes  No
  - Date Fire Inspection was Conducted / Scheduled: \_\_\_\_\_
- Septic System  Yes  No
  - Septic Permit #: \_\_\_\_\_ Septic Permit Expiration Date: \_\_\_\_\_
- Number of Employees:  1-3  4-6  7+

| <b>ESTABLISHMENT INFORMATION: Please Print</b> |  |
|--|--|
| Business Name:                                 |  |
| Street Address:                                |  |
| City, State and Zip Code:                      |  |
| Business Phone:                                |  |
| Onsite Contact Name:                           |  |

| <b>BUSINESS OWNER INFORMATION: Please Print</b> |  | <input type="checkbox"/> Same Address |
|---|--|---------------------------------------|
| Owner's Name:                                   |  |                                       |
| Street Address:                                 |  |                                       |
| City, State and Zip Code:                       |  |                                       |
| Owner's Phone:                                  |  |                                       |
| Owner's Email Address:                          |  |                                       |

### **For Internal use only**

|                     |  |   |         |  |
|---------------------|--|---|---------|--|
| Amount Paid:        |  | <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check | Check # |  |
| Cartegraph Task ID: |  |   |         |  |
| Date Completed:     |  |   |         |  |