



COUNTY OF BEXAR

ENVIRONMENTAL SERVICES DEPARTMENT

1948 Probandt St.
San Antonio, Texas 78214
(210) 335-6700 (Option 2 then 8)
Healthpermits@bexar.org

| | |
|--------------------------|--|
| APPLICATION DATE: | |
| PERMIT NUMBER: | |

Is this a new business or change of ownership?

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.

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+

ESTABLISHMENT INFORMATION: Please Print

| | |
|---------------------------|--|
| Business Name: | |
| Street Address: | |
| City, State and Zip Code: | |
| Business Phone: | |
| Onsite Contact Name: | |

BUSINESS OWNER INFORMATION: Please Print 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: | | | | |