

**BEXAR COUNTY FIRE MARSHAL'S OFFICE**

9810 SOUTHTON RD.  
 SAN ANTONIO, TEXAS 78223  
 TEL: 210.335.0300 FAX: 210.335.0330



**CHRIS LOPEZ**  
 Fire Marshal

**APPLICATION FOR REGISTERED OPERATION****SELECT TYPE OF REGISTRATION REQUESTED**

<input type="checkbox"/> Fuel Dispensing Operation (Complete Section A, B & C) \$150.00 Annual Registration Fee	<input type="checkbox"/> Mobile Food Vending (Complete Section D & E) \$125.00 Annual Registration Fee.
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**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	Address of Business Records	City	Zip Code
Owner Name	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"/> Truck		
<input type="checkbox"/> Site Catering	<input type="checkbox"/> Trailer		
<input type="checkbox"/> Pre-prepared/packageged foods			
Self-contained Electrical Generator	Self-Contained Fuel System for Cooking		
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Propane _____ Gal/Lbs	<input type="checkbox"/> Butane _____ Gal/Lbs
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Butane _____ Gal/Lbs	<input type="checkbox"/> LNG _____ Gal/Lbs

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

**ALL FEES PAID TO THE FIRE MARSHAL'S OFFICE ARE NON-REFUNDABLE.**

<b>Signature of Responsible Party</b>		<b>For Official Use Only</b>		<b>Date</b>
Date Received/Paid:	Facility ID#:	Fee Paid / Check/M.O. #:	Receipt #:	Drivers Lic. #:
Deposit to:	Received By:	Initial/Renewal:	Issued Sticker #	Permit # (if applicable)
General Fund		<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	