



## 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		<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:					