Food Establishment Permit Application
30360 Cougar Bend, Bulverde, TX 78163
Telephone: 830-438-3612 - Fax. 830-438-4339
www.bulverdetx.gov

Establishment Name: _____ Phone: _____

Physical Address: _____
Street (include Suite/Unit) City State Zip Code

Business Name: _____ Org. Type: ( ) Corp ( ) LLC ( ) Partnership ( ) Proprietorship

Mailing Address: _____
Street (include Suite/Unit) City State Zip Code

CONTACT INFORMATION*: Name as it appears on Government Issued ID

Business Owner: _____ Date of Birth: _____

Home Address: _____
Street (Include Suite/Unit) City State Zip Code

Driver's License: _____/_____ Phone: _____ Email: _____
DL/ID # State

** If applicant is not the business owner, a letter of authorization from the owner is required with application submittal.*

Total SF: _____ # Meals Served: _____ # Employees_____ Hours of Operation: _____# *Seated* ____*Carry Out Only* ____

Establishment Type:

Restaurant __	Hospital__	Supermarket__	Food Warehouse__
Bar __	Nursing Home__	Convenience Store__	Caterer__
Bed & Breakfast__	School__	Bakery__	Mobile Food Truck__
Child Care Facility __	Concession Stand__	Manufacturing__	Other_____

CPF Information *** Only required if operating as a Central Preparation Facility (CPF) for Mobile Food Units***
Initial if the business will never be a CPF ___

Vendors Served: _____ Grease Trap Capacity: _____
Mobile Food Units Gallons

Annual Application Fee: $275.00

Make checks & money orders payable to: City of Bulverde.
Credit/Debit Cards accepted with a 4% processing fee.
Payment & application may be submitted by mail or in person to the address above.
Online payment & application may be submitted via www.MyGovernmentOnline.org after a customer account is created.
All fees are non-refundable. In case of failed inspection, there is a re-inspection fee of $250.00.

DO NOT MAIL CASH PAYMENTS

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit for which I am applying is subject to all provisions of the orders and ordinances of the City of Bulverde and all the provisions of the codes, statutes, and rules adopted under the codes and statutes of the State of Texas governing food establishments.

_____ _____ _____
Signature of Owner/Applicant *Printed Name* *Date*