CITY OF BALCONES HEIGHTS

DEPARTMENT OF PUBLIC HEALTH
3300 Hillcrest Drive
Balcones Heights, Texas 78201

APPLICATION FOR LICENSE TO OPERATE

FOOD ESTABLISHMENT

Date of Application: _____ Type of Business: _____

Location: _____

Trade Name: _____ Business Phone: _____

Business Fax #: _____ Email Address: _____

License to be issued in name(s) of, or if Corporation, Specify Corporation name and list principal officers (Print or type)	Home Address(s) and Home Telephone(s) of Owner(s) or Principal Officers. (Print or Type)

o Sole Ownership
o Partnership (List All Names Above)
o Corporation (List All Names Above)

o New Installation
o Re-Classification
o Other: _____

o Ownership Change
o Renewal

Proposed Operations			Previous Trade Name and Owner(s) if known:
o Retail	o Wholesale	Manufacturing o or Processing	
Seating Capacity _____	No. of Employees Inc. Working Owner_____Men _____Women		No. Toilet Facilities Men _____ Women: _____

Signature(s) of Applicants(s)

_____ _____

_____ _____

**If Partnership, all partners must sign. If Corporation, authorized officer must sign.*

FOR OFFICE USE ONLY

Departmental Referrals:

o Zoning _____ o Building Insp. _____ o Fire _____ o Police _____

o Board of Adjustments: _____ o Other: _____ Filing Fee: _____

INSPECTOR'S REPORT

To the City Secretary:

I RECOMMEND the issuance of a New License to Operate ____

I DISAPPROVE the issuance of a New License to Operate ____ for the following reasons:

Inspector