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*

*For Temporary Permits Only: Please attach Temporary Food Establishment Supplemental Documentation

Date of Event: _____ Event Name: _____ Location: _____

Annual Application Fee: $250.00
(No fee for Temporary Food Permit)
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.
For questions email: pmcwilliams@bulverdetx.gov
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*