



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: \$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.

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