KENDALL COUNTY/CITY OF BOERNE

RETAIL FOOD OPERATION PERMIT APPLICATION
DEPARTMENT OF HEALTH SERVICES

Mail to:
201 E. San Antonio St., Suite 118, Boerne, Texas 78006

Retail Food Operation

Permit # Issued _____

1. Type of Food Operation

- ☐ **Retail Food Store** -Permit is valid for one year
- ☐ **Food Service Establishment** -Permit is valid for one year
- ☐ **Mobile Food Unit** -Permit is valid for one year (Mobile Food Service Units are subject to inspection prior to issuance of permit)
- ☐ **Hotel/Motel Food Service** -Permit is valid for one year
- ☐ **Day Care Center** -Permit is valid for one year

2. Certified Food Manager ☐ **yes** ☐ **no**

CFM Name: _____
CFM ID: _____
CFM Expiration: _____

Failure to have a CFM employed by your establishment will result in a citation or suspension of your food permit.

3. Amended Permit ☐ **yes** ☐ **no**

- ☐ **Change of Ownership**
- ☐ **Change of Name**
- ☐ **Change of Location**
- ☐ **Effective Date of Change:** _____

Change of name, ownership or change in location of a licensed place of business, requires submission of new application and fee.

4. Complete in Full:

Name of Business: _____ Tax ID# _____
Legal Name of Owner if different from above _____
Location Address: _____
Address City/State Zip Code
Mailing Address: _____
Address City/State Zip Code
Contact Person regarding permit: _____ Telephone No. _____
Manager _____ Telephone No. _____

Gross Annual Income of Food Establishment:

- ☐ $0.00-$24,999.99
- ☐ $25,000.00 - $49,999.99
- ☐ $50,000.00 - $149,999.99
- ☐ $150,000.00 - or more
- ☐ Day Care Centers

Annual Fee:

- ☐ $100.00
- ☐ $125.00
- ☐ $200.00
- ☐ $300.00
- ☐ $ 75.00

☐ **Late Fee** - A person who files renewal application after the expiration date will be accessed late charges of **$5.00 per day.**

Fees are non-refundable.

5. Check type of ownership and provide required information:

- ☐ Proprietorship - Name of Proprietor _____
- ☐ Partnership - Names of all Partners _____
- ☐ Association - Names of all Principals _____
- ☐ Corporation - Names of Officers and Directors _____
  Date and Place of Incorporation _____
  Name and Address of Registered Agent in State _____

6. Profile:

Hours of Operation: Start _____ Finish _____ Days Open: _____

VERIFICATION: I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. IF THE OWNER IS A CORPORATION, I FURTHER CERTIFY THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER, 229, AND AGREE TO ABIDE BY THEM. I UNDERSTAND THAT PROVIDING FALSE, INCORRECT OR INCOMPLETE INFORMATION ON THIS APPLICATION SHALL BE GROUNDS FOR DENIAL OR CANCELLATION OF A PERMIT.

_____ _____
Signature Date

_____
Printed Name & Title

- ☐ OWNER
- ☐ PARTNER
- ☐ PRESIDENT
- ☐ CORPORATE DESIGNEE/AGENT