



City of Cibolo

Planning & Engineering Department
 200 South Main Street
 P.O. Box 826
 Cibolo, TX 78108
 Phone: (210) 658 - 4175

ENVIRONMENTAL HEALTH PERMIT APPLICATION

Name under which business is conducted (DBA): _____

Physical address to be licensed: _____

Telephone number at address: _____

FEE SCHEDULE FOR INITIAL / RENEWAL / OR CHANGE OF OWNERSHIP
 Fees for food service establishments are based on the gross annual volume of food sales.
 Mark the appropriate volume category and remit fees accordingly.

<u>Level 3 -</u> (Restaurants or Retail Establishments with on-site cooking, schools etc)	<u>Fees</u>
<input type="checkbox"/> A) Gross Sales of \$0.00 to \$99,999.99 (schools) →	\$195.00
<input type="checkbox"/> B) Gross Sales of \$100,000.00 or more →	\$245.00
<input type="checkbox"/> <u>Level 2 -</u> (Daycares without on-site cooking. Bars, Nightclubs etc) →	\$150.00
<input type="checkbox"/> <u>Level 1 -</u> (Mobile Vendors / Retail Establishments with pre-packaged foods to include hot dog rotisseries.) →	\$95.00
<input type="checkbox"/> <u>Temporary Permit -</u> →	\$55.00
<u>Event Permit -</u>	
<input type="checkbox"/> A) 1 - 3 vendors →	\$45.00 per vendor
<input type="checkbox"/> B) 4 or more vendors →	\$35.00 per vendor
<input type="checkbox"/> <u>Follow Up Inspection -</u> →	\$65.00

Verification: I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation and am eligible to receive a license.

Signature

Printed Name

Title (EX: Owner, Partner, President, Corporation Designee / Agent)

Date

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and / or any changes in status of firm.

New (Initial)
Start Date of Regulated Activity: _____

Renewal
Renewals are due on or before September 30th of each year

Change of Ownership
Previous Owner: _____
Effective Date: _____

Amended
Change of Location: Previous Location: _____
Change of Name: Previous Name: _____
Other: _____
Effective Date of Change: _____

Notice that Firm is out of business
Date Firm went out of business: _____

Normal Hours of Operation: _____ m. to _____ m.
(for Environmental Health Inspector's use)

Website / Internet Address: _____

Responsible Person in Charge at Physical Address: (name, residence address & DL number)
Name: _____ DL #: _____
Address, City, State, Zip: _____

Billing Information: (The license and / or courtesy renewal will be sent to the following):
Billing Name: _____
Billing Address: _____

Contact Person Information:
Name of Application Preparer : _____
Telephone Number: _____ Fax: _____
E-Mail Address: _____