



Environmental Health Permit Application

Return both the completed application and **non-refundable** fee to:

CITY OF CIBOLO - COMMUNITY DEVELOPMENT SERVICES

P.O. BOX 826 , CIBOLO, TX 78108

You may contact our office at (210) 658-4175 Fax - (210) 658-8065

“City of Choice”

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.

Level 3 - (Restaurants or Retail Establishments with on-site cooking, schools etc)	Fees
<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"/> Level 2 - (Daycares without on-site cooking. Bars, Nightclubs etc) →	\$150.00
<input type="checkbox"/> Level 1 - (Mobile Vendors / Retail Establishments with pre-packaged foods to include hot dog rotisseries.) →	\$95.00
<input type="checkbox"/> Temporary Permit - →	\$55.00
Event Permit -	
<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"/> Follow Up Inspection - →	\$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: _____