KENDALL COUNTY/CITY OF BOERNE

RETAIL FOOD OPERATION PERMIT APPLICATION

Mail to: 201 E. San Antonio St., Suite 304, Boerne, Texas 78006

Make checks payable to: Kendall County

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)
- ☐ **Venue**
- ☐ **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:	**Annual Fee:**
☐ $0.00-$24,999.99	☐ $125.00
☐ $25,000.00 - $49,999.99	☐ $175.00
☐ $50,000.00 - $99,999.99	☐ $250.00
☐ $100,000-$199,999.99	☐ $300.00
☐ $200,000-$399,999.99	☐ $400.00
☐ $400,000-$649,999.00	☐ $500.00
☐ $650,000 or more	☐ $600.00
☐ Mobile Unit	☐ $150.00
☐ Day Care Centers	☐ $125.00

☐ **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

_____
Printed Name & Title

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

_____
Date