



# 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)
- 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:                       |
|--|-----------------------------------|
| <input type="checkbox"/> \$0.00-\$24,999.99        | <input type="checkbox"/> \$125.00 |
| <input type="checkbox"/> \$25,000.00 - \$49,999.99 | <input type="checkbox"/> \$175.00 |
| <input type="checkbox"/> \$50,000.00 - \$99,999.99 | <input type="checkbox"/> \$250.00 |
| <input type="checkbox"/> \$100,000.00-\$199,999.99 | <input type="checkbox"/> \$300.00 |
| <input type="checkbox"/> \$200,000.00-\$399,999.99 | <input type="checkbox"/> \$400.00 |
| <input type="checkbox"/> \$400,000.00-\$649,999.00 | <input type="checkbox"/> \$500.00 |
| <input type="checkbox"/> \$650,000.00 or more      | <input type="checkbox"/> \$600.00 |
| <input type="checkbox"/> Mobile Unit               | <input type="checkbox"/> \$150.00 |
| <input type="checkbox"/> Day Care Centers          | <input type="checkbox"/> \$125.00 |

**Late Fee** - A person who files renewal application after the expiration date will be assessed 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 \_\_\_\_\_  OWNER \_\_\_\_\_ Date \_\_\_\_\_  
 PARTNER  
 PRESIDENT  
 CORPORATE DESIGNEE/AGENT  
 Printed Name & Title \_\_\_\_\_