



Environmental Health

Food Establishment Permit Application

PLEASE FILL OUT ALL INFORMATION:

ESTABLISHMENT NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____
BUSINESS PHONE NUMBER: _____ BUSINESS FAX NUMBER: _____

CORPORATE/OWNERS NAME: _____
ADDRESS: _____ PHONE: _____
CITY/STATE/ZIP CODE: _____
EMAIL ADDRESS: _____
OWNER DRIVERS LICENSE OR BUSINESS FEI #: _____
ATTENTION: _____ PHONE: _____

PROPOSED NUMBER OF EMPLOYEES: _____

Permit fees are based on the total number of all employees including management and owners

Number of Employees	Annual Fee
1-3 Employees	\$150.00
4- 6 Employees	\$285.00
7-10 Employees	\$540.00
11-20 Employees	\$575.00
21+ Employees	\$725.00

NON-PROFIT TAX ID NUMBER: _____ \$100.00(IF APPLICABLE, PLEASE SUBMIT COPY)

FOOD ESTABLISHMENT PERMITS EXPIRE SEPTEMBER 30 EVERY YEAR

In order to update Food Establishment files, **please return a copy of this invoice along with your payment and a copy of your liquor license if applicable to our office at City of Schertz, Marshal's Office 1400 Schertz Parkway, Schertz, TX 78154.** This information must be in our office before your permit can be issued. Periodic request for employee lists, and food handler card verification status will be conducted throughout the year.

Please mail payment, this invoice and applicable liquor license/tax forms to: City of Schertz Marshal's Office, Schertz, TX 78154

All of the information contained in this application is true and correct to the best of the applicant's knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the orders and ordinances of the City of Schertz and shall be subject to all provisions of the statutes and rules adopted under the statutes of the State of Texas governing food service establishments.

Applicant Signature: _____ **Date:** _____

Office use only-Permit#: _____ Date Pd.: _____ Ck/CC