



# Neighborhood Enhancement Environmental Health Division

630 E Hopkins Bldg 5 San Marcos, TX 78666

•SanMarcosTX.gov/Health•HealthInfo@sanmarcostx.gov• (512) 393-8440

## Application for the Operation of a FOOD ESTABLISHMENT

Note: This application must be filled out completely. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Application for a permit to operate does not guarantee that a permit will be granted. Permit approval is based upon compliance with State and local health ordinances. On request, permit fees will be refunded in the event no permit is issued. Request for refunds must occur within one year of application date. PERMITS ARE NON-TRANSFERABLE. Applications received less than 7 calendar days prior to commencement of food service operations are subject to a \$50 expedited permit processing fee.

### Type of Food Establishment: Please check the appropriate box below:

Fixed (# of employees) 1-5 (\$321) 6-19 (\$533) 20 or more (\$799)

Temporary (\$55)

Farmers Market (\$108)

Seasonal (\$108)

Central Preparation Facility (\$54) [# mobile food units serviced \_\_\_\_ Grease Interceptor Size \_\_\_\_]

Voluntary Inspection (\$108) (Childcare, Re-inspection)

Establishment/Event Name: \_\_\_\_\_

Event Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Hours/Days of Operation: \_\_\_\_\_

List Menu Items: \_\_\_\_\_

### Food Establishment Owner Information

Texas Sales Tax Permit Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver License State/Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check One: Individual Firm Partnership Corporation Non Profit

### For Temporary Food Permit Applications ONLY:

Date(s) of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

All food establishments are to be operated in compliance with Chapter 18 of the City of San Marcos Code of Ordinances. Failure to comply with city ordinance could result in revocation of permit and closure of the establishment. Permits are valid for one year from date of issuance.

By signing below, I acknowledge that all information provided on this form is accurate and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date