



BUSINESS RENEWAL APPLICATION

NAME OF BUSINESS: _____

OWNER NAME: _____

CONTACT NUMBER: _____ E-MAIL: _____

LOCATION OF TO BE INSPECTED: _____

*PLEASE CHECK ALL THAT APPLY AND PROVIDE PROPER DOCUMENTATION

- BUSINESS RENEWAL: **\$35**
SALES TAX ID NUMBER / TAX EXEMPT LETTER

- HEALTH INSPECTION: **\$250**
CERTIFIED FOOD MANAGERS CERTIFICATE

- BEER/WINE LICENSE:
TABC LICENSE & TABC LOCAL FEE

- FIRE INSPECTION: **\$15**

SIGNATURE OF APPLICANT

DATE

RECEIVED BY

DATE

Permit # _____

Payment options:

- Cash Card (additional 4% fee) Check



SOLICITUD DE RENOVACION COMERCIAL

NOMBRE DEL NEGOCIO: _____

NOMBRE DEL DUENO: _____

NUMERO DE CONTACTO: _____ E-MAIL: _____

UBICACION A INSPECCIONAR: _____

*POR FAVOR COMPRUEBE TODO LO QUE APLIQUE Y PROPORCIONE LA DOCUMENTACION CORRECTA

- BUSINESS RENEWAL: **\$35**
SALES TAX ID NUMBER / TAX EXEMPT LETTER
- HEALTH INSPECTION: **\$250**
CERTIFIED FOOD MANAGERS CERTIFICATE
- BEER/WINE LICENSE:
TABC LICENSE & TABC LOCAL FEE
- FIRE INSPECTION: **\$15**

FIRMA DE SOLICITANTE

FECHA

RECIBIDO POR

FECHA

Permit # _____

Payment options:

- Cash Card (additional 4% fee) Check