



City of Wimberley

221 Stillwater Drive, P.O. Box 2027
Wimberley, TX 78676
Phone: (512) 847-0025 Fax: (512) 847-0422
www.cityofwimberley.com

Food Permit Environmental Health Department

Permit No. _____

Date: _____

Purpose for Application:

- Renewal New Business- Start Date _____ Change of Ownership, Effective Date _____
- Change of Business Name, Ownership or Physical Location, Effective Date _____
- Amended- Specify Type of Change _____

FOOD ESTABLISHMENT INFORMATION:

Name Under Which Food Establishment is Operated (DBA): _____

Physical Address of Food Establishment: _____

Establishment Phone Number: _____

Food Establishment Contact Person: _____

Email Address for Contact Person: _____

Operation Information: _____ to _____

Days of the Week Establishment Will Be Open

Total # of Workers

Mailing Address (if different): _____

Owner's Name: _____ Phone #: _____

For Corporations, President or Chief Officer's Name & Title: _____

If Changing Business Name, Ownership or Physical Location, Specify the new information: _____

FOOD PERMIT FEES

Please check appropriate box (es):

1. Food Establishment (New/Renewal Permit)
 - () 1 - 15 employees..... Fee Due \$150.00 \$ _____
 - () 16 - 30 employees Fee Due \$250.00 \$ _____
 - () 31+ employees Fee Due \$350.00 \$ _____
2. Child/Adult Care, Church & School Food Establishment (New/Renewal Permit)
 - Licensed # of Children/Adults
 - () 1 - 15..... Fee Due \$150.00 \$ _____
 - () 16 - 30..... Fee Due \$250.00 \$ _____
 - () 31+ Fee Due \$350.00 \$ _____
3. Change of Business Name, Ownership or Physical Location Fee..... Fee Due \$75.00 \$ _____
4. Pre-Operational Plan Review & Inspection Fees (new business)..... Fee Due \$350.00 \$ _____
5. Administrative Late Fees If Renewal Application is Not Remitted by Jan. 31st Fee Due \$20.00 \$ _____
(\$20.00 Late Fee to be assessed every 30 days past the due date)

If your business is a Non-Profit entity based on Internal Revenue Code, please submit a copy of your documentation. Permit fees for such entities are exempted however applicable inspection fees are due as required by the City of Wimberley.

I certify that the information furnished is true and correct to the best of my knowledge.

Print Name of Applicant: _____ Title: _____

Signature of Applicant: _____ Date: _____

I, _____,
(Print Name)

Understand that the attached application is for permission for me only to operate a food establishment only at the location indicated on the application.

I also understand that the permit to be issued contains a statement at the bottom of the document which states the permit cannot be moved to another location and that another person cannot use the permit.

I also understand that during the term of the permit to issued, I and my employees will allow the environmental health inspectors designated by the City of Wimberley access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

Applicant Signature: _____ **Date:** _____

