



CITY OF HILL COUNTRY VILLAGE
 116 ASPEN LANE • SAN ANTONIO • TEXAS • 78232
 PHONE (210) 494-3671 • FAX (210) 490-8645 • WEB www.hcv.org

APPLICATION FOR LICENSE TO OPERATE FOOD ESTABLISHMENT

Date of Application: _____ Type of Business: _____

Location of Business: _____

Trade Name: _____ Business Phone: _____

License to be issued in name(s) of, or if Corporation, Specify Corporation name and list principal officers, (Print or Type)	Home Address(s) and home telephone number(s) of Owner(s) or principal officers. (Print or Type)

Sole Ownership New Installation Ownership Change
 Partnership (List all names above) Re-Classification Renewal
 Corporation (List all names above) Other (Specify): _____

Proposed Operations: Retail or Wholesale (Circle One) Manufacturing or Processing (Circle One)

Number of Employees (Including Owner): _____

Number of Certifications: _____ Food Manger Certification Name & Number: _____ Exp: _____
 _____ Exp: _____

Type of foods to be prepared/served: _____

TABC Alcohol License Number: _____ Expiration Date: _____

Previous Name & Owner(S) (If Known): _____
 ****If partnership, all partners must sign. If corporation, authorized officer must sign.

****SIGNATURE OF APPLICANT(S)****

 Signature Signature Signature

 Printed Name Printed Name Printed Name

INSPECTOR'S REPORT

To the City Administrator:

After having made a careful inspection of the premises in the above case on _____, 20__

_____ I RECOMMEND the issuance of a New License to operate

_____ I DISAPPROVE the issuance of a New License to operate, for the following reasons:

 Inspector

 Date