



New Food Establishment Application

All items on this application must be completed. A New Food Establishment Application Fee of \$100 and the appropriate city license fee(s) must be paid before the license request may be considered. License approval is based upon compliance with Texas laws and City of Laredo ordinances. In the event that a license is not issued, the application fee will not be refunded. Licenses are non-transferable. *(Please print or type.)*

I. Establishment's Business Information

Establishment Name _____					Phone _____		Fax _____			
Physical Address _____										
(Street Address)			(Suite #)		(City/State)		(Zip Code)		(Sales Tax ID #)	
Responsible Person _____					Phone _____		E-Mail _____			
Mailing Address _____										
(Address)			(Suite #)		(City)		(State)		(Zip Code)	
Website: _____			Bldg. Permits Application Date: _____			Inspection-Ready Date _____				
License Type: <input type="checkbox"/> City Food <input type="checkbox"/> County Food <input type="checkbox"/> Meat <input type="checkbox"/> Seafood <input type="checkbox"/> Street Vendor _____ #Vendors										
Service Type: <input type="checkbox"/> Pre-Packaged Foods Only <input type="checkbox"/> Limited Preparation <input type="checkbox"/> Full Service										
Establishment Type: <i>(Please mark all type(s) that apply.)</i>										
<input type="checkbox"/> Grocery	<input type="checkbox"/> Meat Market	<input type="checkbox"/> Game Room	<input type="checkbox"/> School	<input type="checkbox"/> Mobile Raspa	<input type="checkbox"/> Produce Stand					
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Seafood Mkt.	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Day Care	<input type="checkbox"/> Mobile Cart	<input type="checkbox"/> Wholesale Produce					
<input type="checkbox"/> Bakery	<input type="checkbox"/> Bar	<input type="checkbox"/> Beer/Wine	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Mobile Food	<input type="checkbox"/> Wholesale Beer					
<input type="checkbox"/> Tortilleria	<input type="checkbox"/> Raspa	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Institutional	<input type="checkbox"/> Other _____						
Separate Units: <i>(A separate inspection will be conducted for each unit that is marked.)</i>										
<input type="checkbox"/> Grocery	<input type="checkbox"/> Hot Deli	<input type="checkbox"/> Bakery	<input type="checkbox"/> Meat Mkt.	<input type="checkbox"/> Wareroom	<input type="checkbox"/> General Merchandise					
<input type="checkbox"/> Produce	<input type="checkbox"/> Cold Deli	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Seafood Mkt.	<input type="checkbox"/> Dairy	<input type="checkbox"/> Other _____					
Days/Hrs. Open _____			<input type="checkbox"/> Menu Attached		<input type="checkbox"/> Facilities/Equipment Plan Available _____					

II. Establishment's Ownership Information

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	Owner's Name _____
<i>(Please place X on the owner type, provide the owner's name and the required information on page 2.)</i>			

III. Establishment's Personnel Information

Gen Mgr's Name _____		Driver's Lic. _____		E-mail _____		Phone _____					
Mailing Address _____											
(Address)		(Suite No.)		(City)		(State)		(Zip Code)		(Phone)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Handlers				Certified Food Operators				Other Employees			

The applicant agrees to comply with all provisions of City of Laredo ordinances and with all orders by the Health Director or his representative. The applicant affirms that the information given herein is correct and agrees to inform the Health Director or his representative of any changes in the information on this application within 15 days of the date of the changes. Changes in ownership, name of establishment, type of service and/or number of employees require a new license application. Failure of said notification may result in the issuance of a municipal court citation and/or revocation of license.

_____ Applicant's Signature	_____ Date	_____ Applicant's Name (Printed/Typed)
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IV. Establishment's Ownership Information (con't from page 1)

Please list names and titles of owners/partners/directors/officers:

Name & Title	Mailing Address	City	State	Zip Code	Driver Lic. State, #
Name & Title	Mailing Address	City	State	Zip Code	Driver Lic. State, #
Name & Title	Mailing Address	City	State	Zip Code	Driver Lic. State, #
Name & Title	Mailing Address	City	State	Zip Code	Driver Lic. State, #

(In lieu of detailed listing, provide web site where information is available). _____

Comments/Remarks:

_____ Applicant's Signature	_____ Date	_____ Applicant's Name (Printed/Typed)
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For Official Use Only

Date Appl.Rcv'd	License #	Comments
___ City ___ County Fee		
Meat Fee		
Seafood Fee		
Street Vendor Fee		
Total Fee		
Date Paid		
Receipt No.		
Establishment No.		
FE District		
Date Pre-Inspect Approved		
Date C of O Approved		
Date License Released		
Risk Category		