



FOOD SERVICE LICENSE APPLICATION

City of La Vernia
PO Box 225
La Vernia, TX 78121
Phone: (830) 779-4541
Fax: (830) 253-1198
Email: bporter@lavernia-tx.gov

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ EMERGENCY PHONE: _____

OWNER: _____ RESIDENCE PHONE: _____

EMAIL: _____

CORPORATE NAME: _____

CORPORATE OFFICE: _____

CITY: _____ STATE: _____ ZIP: _____

CORPORATE OFFICERS: _____

_____ PHONE: _____

_____ PHONE: _____

FOR OFFICE USE:

ISSUED BY: _____ DATE ISSUED: _____

LICENSE #: _____ EXPIRATION: _____

Method of Payment: _____ Date Received: _____