



FOOD SERVICE LICENSE APPLICATION

City of La Vernia
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La Vernia, TX 78121
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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: _____