

\$75.00 Application Fee

# FOOD SERVICE LICENSE APPLICATION CITY OF POTH

P.O. BOX 579  
POTH, TX 78147

Phone: 830.484.2111 Fax: 830.484.2374 Email: [cityhall@cityofpoth.org](mailto:cityhall@cityofpoth.org)

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_

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OWNER (S):

\_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

\_\_\_\_\_

OWNER PHONE #: \_\_\_\_\_

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### OFFICE USE ONLY

ISSUED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

Please Remit Payment with Application