



Neighborhood Enhancement Department

Environmental Health Division

630 East Hopkins, San Marcos, Texas 78666

Phone (512) 393-8440

City website: www.sanmarcostx.gov/living / Email: Healthinfo@sanmarcostx.gov

Hardship Request Renewal Application – Fixed Food Establishment Renew Your Permit Online at www.mygovernmentonline.org

OR

Payment and applications may be submitted by mail to City of San Marcos, Environmental Health Division, 630 E Hopkins St. San Marcos, TX 78666, or in person at same location. For customers submitting via email, please note that a representative will contact you by phone to collect a credit card payment within 2 business days of submission (please do not write any credit card information on the email application). For email questions: Healthinfo@sanmarcostx.gov. All application fees are non-refundable. **Make checks and money orders payable to: City of San Marcos**

Business Information

Note: Incomplete applications will not be processed and will be returned

Items 1 thru 4 below must be completed. Items 5 thru 7 are only needed if there are changes from the prior permit.

1. Establishment Name: _____

2. Physical Address: _____
Street (Include Suite/Unit) City State Zip Code

3. Business Organization Name: _____

4. Email Address: _____

5. Establishment Mailing Address: _____

Specify the address where you would like to receive Renewal Notifications

6. Phone #: _____

7. # Employees: _____ Org Type: Corporation LLC Non-Profit Proprietorship

Please check the appropriate fee to be submitted:

1 - 5 Employees.....\$313

6 - 19 Employees.....\$521

20 & above..... \$781

Briefly describe why you are requesting hardship quarterly payment arrangements for your food establishment renewal:

*All requests for hardship payment arrangements will be considered on a case by case basis. Submitting this request does not automatically qualify you for hardship approval.

Signatory Acknowledgment

By signing below, I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. You will be allowed quarterly payment options. The full payment amount is due by your last quarterly payment. If full payment has not been received, your permit may be revoked or suspended.

Applicant's Signature (or signer for Owner)

Printed Name

Date

\$ _____ 1st payment \$ _____ 2nd payment \$ _____ 3rd payment \$ _____ 4th payment
_____ date _____ date _____ date _____ date