

CITY OF SAN BENITO



BUSINESS RENEWAL APPLICATION

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

OWNER NAME: _____

CONTACT NUMBER: _____ E-MAIL: _____

***PLEASE CHECK ALL THAT APPLY AND PROVIDE PROPER DOCUMENTATION
*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED***

<u>BUSINESS INSPECTION:</u> <input type="checkbox"/> \$35 * Photo ID/Sales Tax ID Number /Tax Exemption Letter/EIN * \$50 Business re-inspection fee after 2 nd inspection or more		
<u>FIRE INSPECTION:</u> <div style="display: flex; justify-content: space-between;"> ▶ Business <input type="checkbox"/> \$50 </div> <div style="display: flex; justify-content: space-between;"> ▶ Hotels/Schools <input type="checkbox"/> \$100 </div> * \$50 Business Re-inspection fee/ Hotels - \$20 each floor		
<u>HEALTH INSPECTION:</u> <input type="checkbox"/> \$250 *Photo ID/Food Managers Certification		
<u>BUSINESS RELOCATION:</u> <input type="checkbox"/> \$75		
<u>BEER and WINE LICENSE:</u> <input type="checkbox"/> To Be Determined <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Initial Application</u> <input type="checkbox"/> Copy of T.A.B.C. Prequalification Packet <input type="checkbox"/> Copy of State Comp. Sales Tax I.D. <input type="checkbox"/> Copy of State Issued Photo I.D. </td> <td style="width: 50%; vertical-align: top;"> <u>License Renewal</u> <input type="checkbox"/> Copy of Current T.A.B.C. License <input type="checkbox"/> Copy of Cameron County T.A.B.C. Local Fee <input type="checkbox"/> Copy of State Comp. Sales Tax I.D. <input type="checkbox"/> Color Copy of State Issued Photo I.D. </td> </tr> </table>	<u>Initial Application</u> <input type="checkbox"/> Copy of T.A.B.C. Prequalification Packet <input type="checkbox"/> Copy of State Comp. Sales Tax I.D. <input type="checkbox"/> Copy of State Issued Photo I.D.	<u>License Renewal</u> <input type="checkbox"/> Copy of Current T.A.B.C. License <input type="checkbox"/> Copy of Cameron County T.A.B.C. Local Fee <input type="checkbox"/> Copy of State Comp. Sales Tax I.D. <input type="checkbox"/> Color Copy of State Issued Photo I.D.
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FOR OFFICE USE ONLY		
Date Received: _____	Permit #: _____	Received By: _____
Payment options: <input type="checkbox"/> Cash <input type="checkbox"/> Card (additional 4% fee) <input type="checkbox"/> Check		

SIGNATURE OF APPLICANT: _____ DATE: _____