



Germicidal Treatment Provider Permit Application

(Please complete one application per location)

New Permit

Renewal

Today's Date: _____

Business Information				
Business Name				
Business Address				
City		State		ZIP
Contact Name				
Contact Address <i>(if different from above)</i>				
City		State		ZIP
Contact Phone #		E-mail Address		
What germicidal treatment option do you provide at this location? <i>(If "Other", please obtain and attach prior approval from the Health Department)</i>		Chemical Spray	Dry Heat	
		Steam	Other	
Does this location also sell and/or rent secondhand/refurbished mattresses? <i>(If "Yes", complete Secondhand Mattress Permit Application and pay applicable fee)</i>		Yes	No	

Certification

I, _____ do hereby apply to the City of San Antonio for a permit to provide germicidal treatment services within the corporate limits of the City of San Antonio, Texas. I understand that the location that this permit is being applied for shall be subject to applicable provisions of the City Code as established in Chapter 15, Article X, *Secondhand/Refurbished Mattress Consumer Protection Regulations*.

Signature of Owner

Date

Mail application to:

**Development Services Department
 Field Services Division
 PO Box 839966
 San Antonio, TX 78283**

Or drop off in person at:

**Cliff Morton Business Development Center
 Development Services Department
 1901 S. Alamo
 San Antonio, TX 78204**

Payment Information (FOR OFFICIAL USE ONLY)	
Permit Fee: \$	Date Paid:
Permit #:	Date Issued:
Customer AC#:	Invoice #: