



## Secondhand/Refurbished Mattress 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		
Does this location also provide germicidal treatment services? <i>(If "Yes", complete Germicidal Treatment Permit Application and pay applicable fee)</i>			Yes	No
<b>RENEWAL ONLY:</b> In the last two years, how many secondhand/refurbished mattresses were sold/rented at this location?				

### Certification

I, \_\_\_\_\_ do hereby apply to the City of San Antonio for a permit to sell and/or rent secondhand/refurbished mattresses 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

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