



Application to Update an Existing Certificate of Occupancy

Name of Business: _____

Address of Business: _____ Bldg No. _____ Suite No. _____

Owner of Business: _____

Applicant Name: _____ Telephone Number: _____

E-mail Address: _____

Description of Business (be specific): _____

Qualification for Name Change		
Y N	Will your establishment include any of the following uses? Warehouses, Manufacturing facilities, Retail stores including rack display of products, Repair & maintenance shops, Laboratories, Hospitals.	If yes, a name change is not permitted. A CofO application is required. Do not use this form
Related Building Permits		
Y N	Are there any open permits at the location?	Any "Open" permit will require clearance.
Special Requirements for Businesses with the Following Uses:		
Y N	Will there be any gaming devices?	If yes, Gaming Devices Affidavit required
Y N	Will alcohol be sold?	If yes, Applicant must contact TABC in regards to all State Requirements. City Document, IB 168, may be required as part of the TABC application. DSD does not require TABC documents prior to updating the existing Certificate of Occupancy.
Y N	Sexually Oriented Business?	If yes, Affidavit In Support Of Certificate of Occupancy and zoning approval are required
Y N	Community Home or Assisted Living Facility?	If yes, Affidavit In Support Of Certificate of Occupancy and zoning approval are required
Y N	Headshop?	
Y N	Transitional Home? (Halfway House)	
Y N	Is this a Bed and Breakfast?	
Y N	Assisted Living Facilities (more than 16 residents)	

Special Requirements for Businesses with the Following Uses:

Y N	Automotive Repair/Maintenance, Body Shop or Tire Shop?	If yes, Affidavit In Support of Certificate Of Occupancy and zoning approval required
Y N	<p>Will your establishment include any of the following uses?</p> <p>Restaurant, Fast Food, Grocery Store, Bar, Liquor store, Bingo Parlor, Bowling Alley, Convenience Store, Child Care Facility, School (public or private), Swimming Pool, Paint and Body Shop, Hotel or Motel, or any type of retail establishment that sells or serves food or drinks whether open, or pre-packed or pre-bottled.</p>	<p>If yes, a Food Establishment Permit will be required before business can operate.</p> <p>For questions call 210-207-0135</p> <p>Applicant Initials _____</p>

References: [IB 126 Certificates of Occupancy](#)

[IB 168 -City of San Antonio's role in the Texas Alcoholic Beverage Commission Applications](#)

Application Fee: **\$50.00**

The information included in this application is true and accurate.

Date: _____

Signature of Applicant: _____

Printed Name of Applicant: _____

OFFICE USE ONLY

DSD Rep: _____

Primary Contact ID# (AC) _____

COO AP#: _____

Located in: Hansen Mainframe

Health Dept. Caveat (if applicable)

TABC Caveat (if applicable)