



Business Information:

Name: _____

LLC: (if applicable) _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Website: _____

Shopping Center: _____

Number of Full-time Employees: _____

Year Business Opened: _____

Owner:

Name: _____

Phone: _____

Email: _____

Manager:

Name/Title: _____

Phone: _____

Email: _____

Application Check List:

- ☐ Copy of Certificate of Occupancy
- ☐ Copy of Texas Sales Tax Certificate
- ☐ Supporting documentation that applicant has applied for Bexar County COVID-19 Essential Items Bag Program (www.bexar.org)
- ☐ Copy of itemized receipts illustrating the purchase of disposable mask, gloves, and cleaning supplies directly used to prevent the spread of COVID-19