



**REGULATORY LICENSING UNIT
FOOD ESTABLISHMENT INSPECTION APPLICATION
(Health and Safety Code, Chapter 437)**

Return both the completed application and fee made payable to the
TEXAS DEPARTMENT OF STATE HEALTH SERVICES in the envelope provided or mail to:
Texas Department of State Health Services, PO Box 149347, Mail Code 2003, Austin, Texas 78714.
You may visit our website at: www.dshs.state.tx.us

INSPECTION - OTHER

BUDGET	ZZ106
FUND:	167
FILE #:	

If you are a school establishment requesting inspections, contact this office at (512) 834-6626 for the correct application.

Name Under Which Business is Conducted (DBA): _____

Mailing Address : _____

City, State, Zip Code: _____ County: _____

Telephone number at address: _____

Contact Person: _____

For additional locations, please attach additional sheet listing the following information:

Name of Establishment to be Inspected: _____

Physical Address of Establishment to be Inspected: _____

City, State, Zip Code: _____ County: _____

Telephone # of Establishment to be Inspected: _____

Days of Operation: _____

Hours of Operation: _____

Requested Inspection Month: _____

ESTABLISHMENT INSPECTION FEE -- \$150.00 (for EACH inspection)

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature

Date

Printed Name & Title