



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

Return both the completed application and fee to:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Foods Licensing Group MC 2003, PO Box 149347, Austin, Texas 78714-9347
You may contact our office at: (512) 834-6626

INSPECTION - SCHOOL

BUDGET	ZZ106
FUND:	996
FILE #:	

If you are not a school food establishment, contact this office at (512) 834-6626 for the correct application.

Name of Independent School District (ISD): _____
Mailing Address : _____
City, State, Zip Code: _____ County: _____
Telephone number at above address: _____
Contact Person: _____

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

Name of School to be Inspected: _____
Physical Address of School to be Inspected: _____
City, State, Zip Code: _____ County: _____
Telephone number of School: _____ TEA #: _____
Check all that apply: Breakfast Program Lunch Program

Name of School to be Inspected: _____
Physical Address of School to be Inspected: _____
City, County, State, Zip Code: _____ County: _____
Telephone number of School: _____ TEA #: _____
Check all that apply: Breakfast Program Lunch Program

SCHOOL INSPECTION FEE -- \$300.00 for EACH school (covers two inspections per year)

TOTAL FEE DUE: Number of Schools to be Inspected per year _____ x \$300.00 = \$ _____

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 _____