



**REGULATORY LICENSING UNIT  
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 - 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 \_\_\_\_\_