



**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  
[www.dshs.texas.gov](http://www.dshs.texas.gov)

INSPECTION - OTHER

2351

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 of Organization Requesting Inspection: \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number at Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of business to be inspected:

- Fire or Police Station     Church     Community Center     Full Service Restaurant, Convenience Store or Food Store  
 Non-Profit Food Preparation Kitchen     School Cafeteria     Daycare     Other \_\_\_\_\_  
 Jail - City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Federal \_\_\_\_\_

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: \_\_\_\_\_

Is physical address within the city limits?  Yes     No

Telephone # of Establishment to be Inspected: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Requested Inspection Month: \_\_\_\_\_

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

**PRIVACY NOTIFICATION:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website [www.dshs.texas.gov](http://www.dshs.texas.gov) for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

**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, CHAPTERS 228 & 229, AND AGREE TO ABIDE BY THEM.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name & Title \_\_\_\_\_

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM**  
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