



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
www.dshs.texas.gov

INSPECTION – SCHOOL

2350

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: _____
Is physical address within the city limits? Yes No
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: _____
Is physical address within the city limits? Yes No
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: _____
Is physical address within the city limits? Yes No
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 = \$_____

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 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 _____

**APPLICATION AND FEE MUST BE SUBMITTED (POSTMARKED) BETWEEN SEPTEMBER 1ST AND OCTOBER 31ST
BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM**