



INSPECTION - OTHER
2351

**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

| | |
|---------|-------|
| 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 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