



**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](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

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