



Application for Health Code Inspection

Notice: All fees are non-refundable. Incomplete applications or applications received without fees will not be processed.

Name of establishment/Booth (d.b.a.): _____

Address/Location: _____ Suite/Booth: _____

Phone: _____ **Hours of Operation** Dates of Operation: _____ - _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Operations to be conducted in this establishment *[Please circle all that apply]*

Food Service | SnoCone/Ice Cream Truck | Food Vendor's Commissary | Temporary Vendor | School/Daycare

	Yes	No
Will you be offering potentially hazardous food products? (meats, hot dogs, dairy)	<input type="checkbox"/>	<input type="checkbox"/>
Will you be frying foods?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be fountain soft drinks?	<input type="checkbox"/>	<input type="checkbox"/>
Will food contact utensils be used? (scoops, tongs, spatulas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Will you be warehousing food products that must be refrigerated or frozen?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be salvaging or re-packaging food products?	<input type="checkbox"/>	<input type="checkbox"/>

Please attach menu and list storage and preparation of foods on a separate sheet of paper and attach to application.

Alcoholic Beverage Permit Type(s): _____

PLEASE PROVIDE: Floor Plans, Kitchen Sq. ft. only: _____ Total Sq. Ft.: _____ Temporary Stand/Truck

Owner's Full Name: _____ DL#: _____

DOB: _____ Owner's Address: _____

Phone: _____ *[Other than establishment]*

If Ownership is a partnership, gives names, street addresses, city, state, zip & phone numbers of partners. If Corporation, give names, street address, city, state, zip & phone number of corporate/district office.

BILLING ADDRESS *[if different from establishment]:* _____

Phone: _____

Fax: _____ Email: _____

Signature: _____ Date: _____

Seasonal/temporary vendors will require a minimum of one Health Inspection. Special food vendors will require one Health Inspection at each event. Any violation of State of Texas Food Establishment rules for temporary vendors is cause for immediate closure of booth and issuance of citations. I certify that all facts stated in this application are true and correct.

OFFICIAL USE <i>[all fees are nonrefundable]</i>	
Health Inspection	up to \$125.00 each