

**Madison County
REGULATORY LICENSING UNIT
FOOD ESTABLISHMENT INSPECTION APPLICATION
(Health and Safety Code, Chapter 437)**

Return both the completed application and fee made payable to
Madison County in the envelope provided or mail to:
Madison County Food Safety Program, 101 W. Main Suite B10, Madisonville, Texas 77864.
You may visit our website at: www.co.madison.tx.us

BUDGET	ZZ106
FUND:	167
FILE #:	

If you are a school establishment requesting inspections, contact this office at (936) 349-6148 for the correct application.

Name Under Which Business is Conducted (DBA): _____

Mailing Address : _____

City, State, Zip Code: _____ County: _____

Telephone number at address: _____

Contact Person: _____

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: _____

Telephone # of Establishment to be Inspected: _____

Days of Operation: _____

Hours of Operation: _____

Requested Inspection Month: _____

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

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, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature

Date

Printed Name & Title