

**Madison County**  
**REGULATORY LICENSING UNIT**  
**SCHOOL 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 contact our office at: (936) 349-6148  
You may visit our website at: [www.co.madison.tx.us](http://www.co.madison.tx.us)

BUDGET	340-326
FUND:	010
FILE #:	

If you are not a school food establishment, contact this office at (936) 349-6148 for the correct application.

Name of Independent School District (ISD): \_\_\_\_\_  
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 School to be Inspected: \_\_\_\_\_  
Physical Address of School to be Inspected: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Telephone # of School to be Inspected: \_\_\_\_\_ TEA #: \_\_\_\_\_  
Check all that apply:     Breakfast Program     Lunch Program

**G 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 = \$ \_\_\_\_\_**

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

Revised August 7, 2007

**APPLICATION AND FEE MUST BE SUBMITTED (POSTMARKED) BETWEEN SEPTEMBER 1<sup>ST</sup> AND OCTOBER 31<sup>ST</sup>**