

**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

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|---------|-------|
| BUDGET | ZZ106 |
| FUND: | 167 |
| 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 1ST AND OCTOBER 31ST