

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 B-22, Madisonville, Texas 77864
You may contact our office at: (936) 349-5640
You may visit our website at: www.co.madison.tx.us

If you are not a school food establishment, contact this office at (936) 349-5640 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: _____

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 _____