

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