



REQUEST FOR INSPECTION APPLICATION

INSTRUCTIONS: 1. Complete all information, incomplete applications will not be processed. 2. Complete an application for EACH location. 3. Return the application and fee to the Grayson County Health Department.

<p><u>ESTABLISHMENT</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Tel: _____ Fax: _____</p> <p>General Manager: _____</p> <p>E-Mail: _____</p>	<p><u>OWNER</u></p> <p>Name _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Tel: _____ Fax: _____</p> <p><u>APPLICANT'S NAME</u></p> <p>Signature: _____</p> <p>Print: _____ Date: _____</p>
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Type of Business:

Daycare Non-Profit Food Preparation Kitchen

School Cafeteria Other: _____

FEE SCHEDULE FOR REQUESTS FOR INSPECTIONS

ESTABLISHMENT INSPECTION FEE -- \$150.00

SCHOOL INSPECTION FEE -- \$300.00 for EACH school (covers two inspections per year)

RE-INSPECTION FEE (Suspended health permit/unsatisfactory inspection rating, closure due to imminent health hazard.) -- \$200.00

FEES ARE NON-REFUNDABLE

RESPONSIBLE INDIVIDUAL IN CHARGE AT ESTABLISHMENT

Verification: I swear or affirm that all information on this application is true and correct. I further certify by signature heron, that I am authorized to execute this document. I further certify that I have read and understand Chapter 437 of the Texas Health and Safety Code, the applicable provision of 25 Texas Administrative Code, Chapters 228 and 229, and agree to abide by them.

 Name and Title ID/Driver's License Number

HEALTH DEPARTMENT USE ONLY		
RECEIPT NO.: _____	DATE PAID: _____	FEE PAID: _____