

**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.

ESTABLISHMENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

General Manager: _____

E-Mail: _____

OWNER

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

APPLICANT'S NAME

Signature: _____

Print: _____ Date: _____

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: _____