

FOR OFFICE USE

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AUSTIN PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES DIVISION
P.O. BOX 142529 Austin, TX 78714
Phone (512) 978-0300 Email: ehsd.service@austintexas.gov
<http://www.austintexas.gov/department/food-establishment-requirements>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Certificate of Occupancy Inspection Application
Type: Food Enterprises

Business Information

Note: Incomplete applications **will not** be processed and will be returned

Business Name: _____
Physical Address: _____
Street (include Suite/Unit) City State Zip Code
Opening Date: _____ Building Permit: _____
Projected Opening Date Building Permit Number for Construction
Construction: _____ New Construction _____ Remodel of a Permitted Food Establishment
Additional Notes: _____

Contact Information

Print full legal names as they would appear on a Government Issued Photo ID(s)

On Site Contact: _____ Phone: _____
Contact for Inspections (Last Name, First Name) (###) ### - ####
Email Address: _____
Email addresses will not be distributed. (Internal use only)

Fee Information:

Note: Refund requests **will not** be honored after 180 days from date of payment

| Inspection Type Requested | City of Austin (Contracted Municipalities*) | Travis County |
|--|---|-----------------|
| Certificate of Occupancy (C.O.) Inspection | \$224.00 (Per C.O. Inspection) | No Fee Required |
| After Hours Inspection | \$144.00 (In Addition to C.O. Inspection Fee) | No Fee Required |

* Not limited to Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX

Make checks and money orders payable to: Austin Public Health

Debit cards not accepted. Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email (ehsd.service@austintexas.gov) please note that an EHSD representative will contact you by phone to collect a credit card payment within 2 business days of submission.

Applicant's Signature _____ Print Name _____ Date _____

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the service, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.