

FOR OFFICE USE

Received: _____ Paid On: _____ Amount: _____ Receipt: _____ CK-CC-CH _____
Initial: _____ Row ID: _____ Parent: _____ Permit: _____ Juris: COA / TC / ILA



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)

Change of Ownership Inspection Application
Type: Food Enterprise

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
Sales Tax ID: _____ Water Provider: _____ Wastewater: _____
Sales Tax Permit Number Potable Water Provider Wastewater Disposal Provider
Food Types: _____
List the types of food to be served and attach a menu along with this application.
Notes: _____

Contact Information

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

On Site Contact: _____ Phone Number: _____
Contact Person (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*

<i>Inspection Type Requested</i>	<i>City of Austin (Contracted Municipalities*)</i>	<i>Travis County</i>
Change of Ownership (CHOW) Inspection	\$192.00 (Per CHOW Inspection)	No Fee Required
After Hours Inspection	\$144.00 (In addition to CHOW 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 EHS 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.