

Office Use Only

Date Paid _____ Amt \$ _____ Check # _____

Received By _____ Receipt # _____



Austin/Travis County Health & Human Services Department
Environmental Health Services Division
P.O. Box 142529
Austin, TX 78714
Phone (512) 978-0300 Fax (512) 978-0322



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

Food Enterprise Change of Ownership Inspection Application

A change of ownership inspection is required of all food enterprises before an operating permit can be approved. If an establishment has or will change ownership an inspection must be conducted to verify the new operation has adequate facilities or to verify if any existing equipment must be replaced or upgraded. Texas Food Establishment Rules §229.171 (g) (7).

➤ Inspections will not be conducted until fees have been paid and this form has been completed.

1. () Responsible Party () Contact Person:

_____ Phone # _____

2. Name of Owner: _____ Phone # _____

3. Name of Establishment: _____

4. Address: _____
Street Unit City State Zip Code

5. Establishment Sales Tax Permit #: _____

6. Establishment Information:

() Food Service () Retail Food Store () Food Processor () Food Warehouse

Square Footage: _____ # of Seats _____ Total # of Staff _____

7. Potable Water Provider _____

8. Wastewater Disposal Provider _____

9. Type of Food: (attach menu) _____

10. Projected opening date _____

City of Austin and Contracted Municipalities

\$125 Inspection Fee for each inspection conducted
\$100 additional fee for expedited inspections and
inspections conducted outside of normal working hours.

Travis County

no fees

No refunds for any reason after 180 days from receipt of payment.

Fee payable to Austin-Travis County Health and Human Services Department (ATCHHSD) mail to:
EHS Change of Owner, P.O. Box 142529 Austin, TX 78714