# Childcare Kitchen Application for Inspection

Tarrant County Public Health - Environmental Health
Walk-in Address: 5001 N Riverside Dr Ste 105 Fort Worth TX 76137
Walk-in Address after Oct 1, 2025: 2500 Circle Dr. Fort Worth TX 76119
Mailing Address: TCPH Attn. Environmental Health 1101 S Main St Fort Worth TX 76104
Email: ph_information@tarrantcountytx.gov Phone: 817-248-6299

## NAME OF ESTABLISHMENT: ______________________________

- This application will serve as notification to TCPH that you are requesting an inspection for a specified location.
- Please submit one application for each establishment needing inspection.
- Review of application(s) documents may take up to 10 business days
- Incomplete applications will not be accepted
- Tarrant County Public Health Environmental Health Fee schedule can be found online at Environmental Health Fee Schedule (www.tarrantcountytx.gov/eh-fees)

**Non-Profit Food Establishment Requesting Inspection Checklist**

☐ Childcare Kitchen Establishment Application for Inspection (1 application per requested inspection whether at same location or separate location)

# Childcare Kitchen Application for Inspection

Tarrant County Public Health - Environmental Health
Walk-in Address: 5001 N Riverside Dr Ste 105 Fort Worth TX 76137
Walk-in Address after Oct 1, 2025: 2500 Circle Dr. Fort Worth TX 76119
Mailing Address: TCPH Attn. Environmental Health 1101 S Main St Fort Worth TX 76104
Email: ph_information@tarrantcountytx.gov Phone: 817-248-6299

**Application Date: __/__/____** **Unincorporated Tarrant County** ☐ Yes ☐ No

**Each application will apply only to a single location**
**The inspection cannot be scheduled and will be conducted during operating hours**

**Establishment Information**
Name of Establishment Requesting Inspection:______________________
Phone ______________________
Address:______________________City:______________________
State:______Zip Code:_________Location Email:______________________
Days of operation:______________________Hours of Operation:______________________

**Requester Information**
Name of Organization Requesting Inspection(s):______________________
Phone: ______________________
Address:______________________City:______________________
State:______Zip Code:_________Email:______________________

**Billing/Mailing Information**:
Contact Name:______________________Phone :______________________
Address:______________________City:______________________
State:______Zip Code:_________Billing Contact Email:______________________

Square Footage of Establishment (Food preparation, storage and service areas): ______________
☐ Check to request a facility inspection to be performed at same time of Kitchen inspection

Applicant Name(print):______________________Signature:______________________
Applicant Title ☐Owner ☐Authorized Agent

****ALL SECTIONS MUST BE FULLY COMPLETED**