Non-Profit Food Establishment 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: _____

- Non-profit organization requesting an inspection must submit this application & payment prior to receiving an inspection
- Must submit one application for each establishment needing inspection.
- Contact the specific city your business is operating within for any additional requirements prior to operation.
- 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 at $100 each request

□ Non-Profit Food Establishment Application for Inspection (1 application per requested inspection whether at same location or separate location)
□ 501(c) -3 paperwork

New Non- Profit Food Establishments Requesting Yearly Permit (includes one inspection annually at no additional cost)

□ Menu
□ Non-Profit Food Establishment Application for Inspection
□ 501(c) -3 paperwork
□ Food Plan review application
□ 1 full size set of paper and electronic plans
□ Equipment specifications

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

Each application will apply only to a single location

Type of establishment requesting inspection check below:

Must submit required 501(c) -3 paperwork with this application

☐Non-Profit Organization Requesting single Inspection

☐Non-Profit Organization Requesting Permit includes one inspection annually at no additional cost

Plan Review Documents

- ☐ Food Establishment Plan review application
- ☐ 1 full size set of paper and electronic plans
- ☐ Equipment specifications

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 (with area code):_____

Address:_____ City:_____

State:_____ Zip Code:_____ Email:_____

Billing/Mailing Information:

Contact Name:_____ Phone (with area code):_____

Address:_____ City:_____

State:_____ Zip Code:_____ Billing Contact Email:_____

Food Establishment Type Description (ex: café, bakery, lodge):_____

Square Footage of Establishment (Food preparation, storage and service areas): _____

Applicant Name(print):_____ Signature:_____

Applicant Title ☐Owner ☐Authorized Agent

****ALL SECTIONS REQURING AN CHANGE MUST BE FULLY COMPLETED**