



Health Inspection Application

Restaurants should use the food establishment application for their annual permits and inspections.

ALL Permit application(s) must be submitted to:

The City of Iowa Colony
Permit Department
3144 MERIDIANA PKWY.
Iowa Colony, TX 77583
permits@iowacolonytx.gov

To avoid any delay in the permit processing, please fill out the application form completely prior to submittal. All required information must be included before application will be approved.

Permit Application#: _____

Please Type or Print:

Name of Applicant: _____

Company Name: _____

Type of Business: _____

Street Address:

No.	Street Name	City	State	Zip
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Email: _____

Phone No.: (_____) _____ ext: _____ Fax : (_____) _____

Applicable State License or Registration No.:

Location of Operation, Process or Occupancy:

No.	Street	(Subdivision if applicable)
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Name of Business: _____

Applicant expressly agrees and understands:

- ✓ That any information, drawing, plan specification, concept detail, occupancy use or other information regarding the operation, material, equipment, product procedure, or processes and all testing agency certification will be submitted to the Fire Marshal upon his request prior to any approval being issued.
- ✓ That the applicant will comply with all Ordinances, Codes, State Laws, Standards and Regulations as may apply, pertaining to and governing such operation, procedure, installation or process.

Applicant's Signature: _____ Date: _____

For additional information or assistance in completing this application, contact.
The Iowa Colony Fire Marshal's Office: (346) 395-4551

FOR OFFICE USE ONLY

CITY OFFICIAL _____

APPROVED _____ DENIED _____

DATE: _____

REVIEW PERIOD 5-7 BUSINESS DAYS

RESIDENTIAL PERMITS ARE VALID FOR 180 DAYS

COMMERCIAL PERMITS ARE VALID FOR 365 DAYS

Health Inspection Fees (Please Select All That Apply)

- Foster Care Facility (Inspected Annually) \$125
- Adult & Child Daycare Facility (Inspected Annually) \$150
- Residential Care Facility (Inspected Annually)
 - 3-5 Licensed Beds \$100
 - 6-16 Licensed Beds \$150
 - Over 16 Licensed Beds \$200
- Hospital Care Facility (Inspected Annually)
 - 1-100 Licensed Beds \$100
 - 101-150 Licensed Beds \$150
 - Over 150 Licensed Beds \$200

TOTAL FEES DUE: \$

PAYMENT IS DUE BEFORE THE INSPECTION DATE.