



**Cherokee County Health Department
Application for Inspection**

www.cchdtexas.org

Return both the completed application and fee made payable to the Cherokee County Health Department.
Mail to: 593 North Main Street Rusk, Texas 75785.

FAILURE TO PROVIDE ALL INFORMATION REQUIRED WILL DELAY INSPECTION.

INSPECTION CANNOT BE CONDUCTED UNTIL APPLICATION AND FEE ARE RECEIVED.

Please call (903) 683-2990 to schedule day and time of inspection.

Name under which Business is operated (DBA): _____

Physical Address: _____
Street Address (If route, give directions on reverse) City Zip

Mailing Address (if different): _____

City, Zip Code: _____

Telephone Number at above address: () _____

Contact Person: _____ Title: _____

ESTABLISHMENT TYPE: [] Adult Foster Care Home [] Foster Care/Adoptive Home [] Environmental Inspection

An inspection fee is due per inspection required by your licensing entity.

INSPECTION FEE -- \$50.00

Fee paid \$ _____

I certify that the information furnished is true and correct to the best of my knowledge.

Printed Name of Applicant

Title

Signature of Applicant

Date