



116 W. Bridge Street, Granbury, Texas 76048
(817)573-1114 Fax: (817)5793-9064 Email: inspections@granbury.org

**HEALTH DEPARTMENT
B&B ESTABLISHMENT APPLICATION**

Health permits will not be issued until an inspection has been completed by Health, Building & Fire.

1. Name of Establishment: _____
2. Establishment Address: _____

3. Mailing Address: _____

4. Email Address: _____
5. Owner of Business: _____
6. Type of Ownership: Proprietorship____ Partnership____ Corporation____ Other_____
7. Who has controlling interest in the business: _____
8. Establishment Phone # _____ Owner Phone # _____
9. Hours of operation _____
10. Nature of this business, please check all that apply:

<input type="checkbox"/>	Hotel, Motel, and Guest Houses (20 or more rooms- Room inspections)	\$150.00
<input type="checkbox"/>	Hotel, Motel, and Guest Houses, B&B's (fewer than 20 rooms)	\$100.00
<input type="checkbox"/>	**Re-inspection Fee (Due to violation, excessive complaints, or substandard score)	\$100.00

Applicant Name (Please Print) _____

Title or Position: _____

Drivers License No. _____ State _____ Date of Birth: _____

"I understand that any permit granted from this application may be revoked for non-compliance. Failure to comply with the City of Granbury Ordinance No. 03-941 which adopted Texas Health & Safety Code 341.066 minimum standards for the inspection of Tourist Courts, Hotels, Inns and Rooming Houses shall be deemed cause for revocation and/or citation."

Applicant Signature _____ **Date** _____

Inspection Date/Time _____

Building Inspector: _____

Health Inspector: _____

Fire Inspector: _____