



**City of Houston**  
Department of Health and Human Services  
Consumer Health Services Bureau  
P.O. Box 300008  
Houston, TX 77230-0008  
Phone: 832-393-5100

**APPLICATION FOR FOOD SERVICE MANAGER'S CERTIFICATE**  
**PLEASE PRINT CLEARLY**

Date:

Name:     
First Initial Last

☐ Home Address:        
# Street Apt. City State Zip

Home Phone:  ID # / TDL #:

Male: ☐ Female: ☐ DOB:

☐ Name of Business:

Business Address:   
Street Address Suite City State Zip

Business Phone:  Signature:

**PLEASE MAKE YOUR CASHIER'S CHECK, MONEY ORDER, OR BUSINESS CHECK PAYABLE TO:**  
**HOUSTON DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**PERSONAL AND TEMPORARY CHECKS ARE NOT ACDEPTED**

**DO NOT WRITE BELOW THIS LINE**

Date Cert. Starts:  Ends:  Cash: ☐ Check/M.O. #:

☐ Duplicate Food Service Manager's Certification (\$28.50)

Existing City of Houston Certificate #:  Expires:  \$

☐ Course Exemption by Reciprocity (\$39.90)

Certificate #:  Expires:  \$

Approved by:  Signature

Total: \$