



**City of Beaumont Public Health Department
Environmental Health Division
950 Washington Boulevard, Beaumont, Texas 77705
phone: (409) 832-7463, fax: (409) 212-9589**

FOOD MANAGER CERTIFICATION COURSE REGISTRATION APPLICATION

Name: _____

Mailing Address: _____
City / State / Zip Code

Driver's License Number: _____ State: _____

Phone Number: _____

Business Name : _____

Business Address: _____
City / State / Zip Code

Business Phone: _____

Position Held in Business / Company: _____

Mailing Address: _____
City / State / Zip Code

Fee: \$95.00 *

* Non-refundable once the course has begun.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:		
Check #: _____	Cash: _____	Received By: _____