



**City of Beaumont Public Health Department**  
**Environmental Health Division**  
3040 College, Beaumont, Texas 77701  
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: _____