

**Brazos County Health Department  
201 N Texas Ave  
Bryan Texas 77803-5317  
(979) 361-4450**

**MOBILE UNIT**

**2017 Permit Application**

**PERMIT #: MU-\_\_\_\_\_**

Permit Fee Due: **\$400.00** Late Payment Fee Due: **\$0.00**

Extra Fee Due: **\$0.00** **TOTAL FEE(S) DUE: \$400.00**

**PLEASE CORRECT/COMPLETE AND RETURN WITH REQUIRED FEE**

ESTABLISHMENT NAME: \_\_\_\_\_

Address of Operation: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

OWNER: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Central Processing Facility: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Certified Food Manager: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Locations where mobile will operate: \_\_\_\_\_

**VEHICLE INFORMATION**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License: \_\_\_\_\_ VIN: \_\_\_\_\_

CURRENT/ANTICIPATED NUMBER OF EMPLOYEES: \_\_\_\_\_ (including management)

Operating an establishment without a CURRENT permit or an opening inspection is in violation of City or County Regulations. Legal action or closure may be imposed against such an operation.

**I HAVE READ AND AGREE TO THE CONDITIONS OF THIS APPLICATION/PERMIT.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

-----OFFICE USE ONLY-----

DATE PAID \_\_\_\_\_ RECEIPT# \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT/DEBIT \_\_\_\_\_

RENEWAL

NEW OWNER

NAME CHANGE

NEW ESTABLISHMENT