

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

**COUNTY SEASONAL**

**2018 Permit Application**

**PERMIT #: BC-\_\_\_\_\_**

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Permit Fee Due: **\$50.00** Late Payment Fee Due: **\$0.00**  
Extra Fee Due: **\$0.00** **TOTAL FEE(S) DUE: \$50.00**

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

**Is establishment inside or outside city limits:** \_\_\_\_\_

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

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

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

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Certified Food Manager: \_\_\_\_\_

Manager's Certification Expiration Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Circle one of the following water supplies: Public Well TNRCC#: \_\_\_\_\_

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

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

LICENSED CAPACITY OF CHILDREN: \_\_\_\_\_ (If a child care facility)

Operating an establishment without a CURRENT permit 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