

**Brazos County Health Department**

201 N Texas Ave

Bryan Texas 77803-5317

(979) 361-4450

**CITY EXTENDED TEMPORARY**

**2019 Permit Application**

**PERMIT #:** \_\_\_\_\_

Permit Fee Due: **\$150.00**

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

Extra Fee Due: **\$0.00**

**TOTAL FEE(S) DUE: \$150.00**

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

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

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

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

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

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

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

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

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

Days of operation: \_\_\_\_\_

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

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

Note: All employees must have a valid food handler card.

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