



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



## COUNTY SEASONAL

**2021 Permit Application**

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

Permit Fee Due: <b>\$100.00</b>	Late Payment Fee Due: <b>\$0.00</b>
Extra Fee Due: <b>\$0.00</b>	<b>TOTAL FEE(S) DUE: \$100.00</b>

**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