

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

A TOS COUNTY

CITY EXTENDED TEMPORARY

PERMIT #:

• • • • • • • • • • • • • • • • • • • •				
Permit Fee Due:		\$200.00	Late Payment Fee Due:	<u>\$0.00</u>
Extra Fee Due:		<u>\$0.00</u>	TOTAL FEE(S) DUE:	<u>\$200.00</u>
PLEAS	SE CORRE	CT/COMPLE	TE AND RETURN WITH RE	QUIRED FEE
Is est	ablishment	inside or outside	de city limits:	
ESTABLISHMEN	T NAME:			
Address of Operation:			City:	
			Phone:	
OWNER:		_		
_			C	
			Phone:	
Email Address:				
Days of operation:				
Hours of operation	•			
CURRENT/ANTICIPATED NUMBER OF EMPLOYEES: (including management)				
			must have a valid food handler card	
Operating an e		•	ENT permit is in violation of City	
7 0			by be imposed against such an operation	-
I HAVE RE	AD AND A	GREE TO THE	CONDITIONS OF THIS APPLI	ICATION/PERMIT.
Applicant's Signature			Date	
		OFFIC	CE USE ONLY	
DATE PAID	RECE	IPT#	CHECK# CAS	SH CREDIT/DEBIT