



BRAZOS COUNTY HEALTH DISTRICT

201 NORTH TEXAS AVENUE • BRYAN, TEXAS 77803-5317

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TEMPORARY FOOD SERVICE PERMIT APPLICATION

ALL FOOD MUST BE PREPARED ON-SITE*

(To operate not more than 72 hours at a fixed location)

From: _____ 20____ To: _____ 20____

Type of Temporary Event: _____

Location of Event (Must be Non-Residential): _____

Name & Address of Establishment or Organization: _____

City: _____ Zip: _____ Phone: _____

Operator or Contact Person: _____

Operator's Email: _____

List of foods to be prepared or served: _____

Start preparing at (time): _____ Serving at (time): _____

All time and temperature control for safety food (TCS) must be purchased and/or prepared in Brazos County. Receipts need to be kept to show proof of purchase. If any food is to be prepared at another location, it must be permitted in Brazos County. List name of permit holder and when that site will be used. _____

*Temporary Event Applications must be submitted to our office at least **72 hours prior** to the event. If not turned in prior to 72 hours you will NOT be issued a permit.*

FEE OF \$60.00 PAYABLE TO:

PUBLIC HEALTH (cash, money order, local check, or credit card (fee applies) accepted

*** NO REFUNDS ***

(NO FEES FOR ESTABLISHMENTS CURRENTLY PERMITTED IN BRAZOS COUNTY)

**If conditions for the temporary permit are not met this permit will be revoked.*

Date of Application: _____

Signature of applicant _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Receipt Number: _____ Initials: _____

Approved: _____ Date: _____

I AGREE TO FOLLOW THE RULES/REGULATIONS SET FORTH BY THE BRAZOS COUNTY HEALTH DISTRICT (BCHD) FOR TEMPORARY FOOD EVENTS. I UNDERSTAND THAT IF THESE RULES ARE NOT FOLLOWED, BCHD INSPECTORS CAN TERMINATE THE FOOD EVENT AND/OR ISSUE AN ADMINISTRATIVE FINE (\$60.00 RE-INSPECTION FEE). I UNDERSTAND THAT I MUST SET UP PRIOR TO BEGINNING ANY FOOD PREPARATION, AND THAT I MAY BE INSPECTED AT ANY TIME DURING THE EVENT.

FOOD SERVICE APPLICANT _____

PHONE NUMBER OF RESPONSIBLE PARTY _____

TEXAS DRIVER'S LICENSE NO. _____

INSPECTOR _____

EMAIL _____