



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



**CITY EXTENDED TEMPORARY**

**2023 Permit Application**

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

Permit Fee Due: <b><u>\$200.00</u></b>	Late Payment Fee Due: <b><u>\$0.00</u></b>
Extra Fee Due: <b><u>\$0.00</u></b>	<b>TOTAL FEE(S) DUE: <u>\$200.00</u></b>

**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