



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



**CITY SEASONAL**

**2023 Seasonal Permit Application**

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

Permit Fee Due: <b>\$175.00</b>	Late Payment Fee Due: <b>\$0.00</b>
Extra Fee Due: <b>\$0.00</b>	<b>TOTAL FEE(S) DUE: \$175.00</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