

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:	\$175.00	Late Pay	yment Fee Due:	<u>\$0.00</u>
Extra Fee Due:	<u>\$0.00</u>	TOTAL	FEE(S) DUE:	<u>\$175.00</u>
PLEASE CORRE	CT/COMPLE	TE AND RETUR	N WITH REQU	IRED FEE
ESTABLISHMENT NAME:				
Street:			City:	
State:Zip:	:	Phone:		
OWNER:				
Mailing Address:			City:	
State:Zip: _		Phone:		
Email Address:				
Certified Food Manager:				
Manager's Certification Expir	ation Date:			
List your public water source:				
List your sewage disposal: Pu	Private	Private Septic/OSSF#		
CURRENT NUMBER	OF EMPLOYE	EES:	(i	ncluding management)
Operating an establishment	without a CURR	ENT permit is in vi	iolation of City or (County Regulations.
Legal acti	on or closure ma	y be imposed again	st such an operatio	n.
I HAVE READ AND AC	GREE TO THE	CONDITIONS OI	F THIS APPLICA	TION/PERMIT.
Applicant's Signature			Date	
	OFI	FICE USE ONLY		
DATE PAID RECE	IPT#	CHECK#	CASH _	CREDIT/DEBIT
RENEWAL NEW OW	VNER NA	ME CHANGE	NEW ESTA	BLISHMENT