

**RENEWAL** 

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



## **COUNTY**

2023 Permit Application		<b>PERMIT #: BC</b>	
Permit Fee Due:	\$275.00	Late Payment Fee Due:	<u>\$0.00</u>
Extra Fee Due:	<u>\$0.00</u>	TOTAL FEE(S) DUE:	<u>\$275.00</u>
PLEASE CORREC	CT/COMPLETI	E AND RETURN WITH REQ	UIRED FEE
ESTABLISHMENT NAME: _			
Street:		City:	
State: Zip:		Phone:	
OWNER:			
		City:	
State: Zip:	Phone:		
Email Address:			
Certified Food Manager:			
Manager's Certification Expirat			
List your sewage disposal: Publ	ic	Private Septic/OSSF#	
CURRENT NUMBER O	F EMPLOYEES	:(inclu	iding management)
Operating an establishment	without a CURRE	NT permit is in violation of City or	County Regulations.
Legal action	on or closure may	be imposed against such an operati	on.
I HAVE READ AND AG	REE TO THE C	ONDITIONS OF THIS APPLIC	ATION/PERMIT.
Applicant's Signature			
	OFFICE	USE ONLY	
DATE PAID RECEI	PT#	CHECK# CASH	CREDIT/DEBIT

NAME CHANGE

**NEW OWNER** 

**NEW ESTABLISHMENT**