



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



**2023 Permit Application**

**PERMIT #: BC-\_\_\_\_\_**

Permit Fee Due:	<b><u>\$125.00</u></b>	Late Payment Fee Due:	<u>\$0.00</u>
Extra Fee Due:	<u>\$0.00</u>	<b>TOTAL FEE(S) DUE:</b>	<b><u>\$125.00</u></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