

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



## **CITY PERMIT-LOW RISK**

2025 Fermit Application			renviii #;			
Pe	rmit Fee Due: \$	500.00	Late Payme	ent Fee Due:	\$0.00	
Ext	tra Fee Due: <u>\$</u>	0.00	TOTAL F	EE(S) DUE:	<u>\$500.00</u>	
PLEA	ASE CORRECT/C	COMPLETE A	AND RETURN	WITH REQU	IRED FEE	
ESTABLISHMI	ENT NAME:					
Street:			City:			
State: Zip:			Phone:			
OWNER:						
Mailing Address:			City:			
State:	Zip:	P	hone:			
Email Address:						
Certified Food N	Manager:					
Manager's Certi	fication Expiration	Date:				
List your public	water source: _					
List your sewage disposal: Public			Private Septic/OSSF#			
CURRENT NUMBER OF EMPLOYER				(in	cluding management)	
Operating an	establishment witho	ut a CURRENT	permit is in viola	tion of City or C	County Regulations.	
	Legal action or	closure may be	imposed against s	uch an operatior	1.	
1 11 A 1 7 D	SEAD AND AGREE			IIIG A DDI IGA		
I HAVE R	READ AND AGREE	TO THE CON	NDITIONS OF T	HIS APPLICA	HON/PERMIT.	
Applicant's Signature				Date		
		OFFICE	USE ONLY			
		OTTICL				
DATE PAID	RECEIPT#		CHECK#	CASH	CREDIT/DEBIT	
RENEWAL	NEW OWNER	NAME (	CHANGE	NEW ESTA	BLISHMENT	