



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



2023 Permit Application

PERMIT #: MU-\_\_\_\_\_

Table with 4 columns: Permit Fee Due: \$500.00, Late Payment Fee Due: \$0.00, Extra Fee Due: \$0.00, TOTAL FEE(S) DUE: \$500.00

PLEASE CORRECT/COMPLETE AND RETURN WITH REQUIRED FEE

ESTABLISHMENT NAME: \_\_\_\_\_
Address of Operation: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
OWNER: \_\_\_\_\_
Street: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
Central Processing Facility: \_\_\_\_\_
Street: \_\_\_\_\_ City: \_\_\_\_\_
Certified Food Manager: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
E-Mail Address: \_\_\_\_\_
Hours of operation: \_\_\_\_\_
Locations where mobile will operate: \_\_\_\_\_

VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_
Color: \_\_\_\_\_ License: \_\_\_\_\_ VIN: \_\_\_\_\_

CURRENT/ANTICIPATED NUMBER OF EMPLOYEES: \_\_\_\_\_ (including management)

Operating an establishment without a CURRENT permit or an opening inspection is in violation of City or County Regulations. Legal action or closure may be imposed against such an operation.

I am familiar with the state law (TFER) requiring that all mobile retail food establishments operate from an approved central processing facility and that all mobile units return daily to such location for vehicle and equipment cleaning, discharging liquid or solid waste, refilling water tanks and ice bins, and boarding food. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this mobile operation is prohibited and is subject to penalties, fines and possible licenses forfeiture.

I HEREBY CERTIFY THAT 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 \_\_\_\_\_