

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



## **MOBILE UNIT**

2023 Permit Application			<b>PERMIT #: MU</b>		
Pe	ermit Fee Due:	<u>\$500.00</u>	Late Payme	ent Fee Due:	\$0.00
Ex	tra Fee Due:	<u>\$0.00</u>	TOTAL F	EE(S) DUE:	<u>\$500.00</u>
PLE	ASE CORREC	T/COMPLETE	AND RETURN	WITH REQU	JIRED FEE
ESTABLISHM	ENT NAME: _				
Address	of Operation: _			_ City:	
	State:	_ Zip:		Phone:	
OWNER:					
	Street:			City:	
	State:	Zip:		Phone:	
E-Mail Address	:				
Certified Food I	Manager:		Expiration	on Date:	
Central Processi	ing Facility:				
			City:		
List your public	water source:				
Locations where	e mobile will ope	erate:			
	1		INFORMATION		
Make:					
Color:					
CURRENT/ANTICIPATED NU					
I am familiar v approved cen equipment clear also understand	with the state law outral processing factoring, discharging that the home pre-	egal action or close (TFER) requiring to cility and that all made in the cility and that all made are the cility and that all made are the cility and storage the cility are the cility and storage are the cility	ure may be impose hat all mobile retainobile units return on the refilling water to	d against such a l food establish daily to such locanks and ice bin eaning of equip	aments operate from an cation for vehicle and ns, and boarding food. I oment or utensils used in
Applicant's Signa	ature	THIS APPLIC	CATION/PERM	Date	CONDITIONS OF
DATE PAID	RECEI	PT#	CHECK#	CASH	CREDIT/DEBIT
			CHANGE		