

**BRAZOS COUNTY HEALTH DEPARTMENT  
201 NORTH TEXAS AVENUE  
BRYAN, TEXAS 77803  
(979) 361-4450**

**TEMPORARY FOOD SERVICE PERMIT APPLICATION  
ALL FOOD SHOULD BE PREPARED ON-SITE  
(To operate not more than 72 hours at a fixed location)**

**\* NO REFUNDS \***

From: \_\_\_\_\_ 20\_\_\_\_ To: \_\_\_\_\_ 20\_\_\_\_

Type of Temporary Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Name & Address of Establishment or Organization: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Operator or Contact Person: \_\_\_\_\_

Type of Goods offered for sale: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Start preparing at (time): \_\_\_\_\_

Serving at (time): \_\_\_\_\_

If any food is to be prepared at another location, it must be permitted. List name of permit holder and when that site will be used. \_\_\_\_\_

**FEE OF \$60.00 PAYABLE TO: PUBLIC HEALTH  
(NO FEES FOR CURRENTLY PERMITTED ESTABLISHMENTS)  
*\*If conditions for the temporary permit are not met this permit will be revoked.***

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Receipt Number: \_\_\_\_\_ Initials: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**\* NO REFUNDS \***