

**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 ***



BRAZOS COUNTY HEALTH DEPARTMENT

201 NORTH TEXAS AVENUE • BRYAN, TEXAS 77803-5317

(979) 361-4440 • Fax (979) 823-2275

healthdept@co.brazos.tx.us • www.brazoshealth.org

I AGREE TO FOLLOW THE RULES/REGULATIONS SET FORTH BY THE BRAZOS COUNTY HEALTH DEPARTMENT (BCHD) FOR TEMPORARY FOOD EVENTS. I UNDERSTAND THAT IF THESE RULES ARE NOT FOLLOWED, BCHD INSPECTORS CAN TERMINATE THE FOOD EVENT AND/OR ISSUE AN ADMINISTRATIVE FINE (\$55.00 RE-INSPECTION FEE).

I WILL BE READY FOR INSPECTION AT _____ AM/PM.*

FOOD SERVICE APPLICANT _____

PHONE NUMBER OF RESPONSIBLE PARTY _____

TEXAS DRIVER'S LICENSE NO. _____

INSPECTOR _____

*PLEASE BE PUNCTUAL WITH THIS TIME. FAILURE TO BE READY MAY CAUSE ISSUANCE OF A RE-INSPECTION FEE.