

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

MOBILE UNIT

2018 Permit Application

PERMIT #: MU-_____

Permit Fee Due: **\$400.00** Late Payment Fee Due: **\$0.00**

Extra Fee Due: **\$0.00** **TOTAL FEE(S) DUE: \$400.00**

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 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