



PERMIT NUMBER \_\_\_\_\_

**BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

111 E. Locust, Bldg A-29, Suite 270; Angleton, TX 77515

(979)864-1600 (281)756-1600 (979)388-1600

Fax Number (979) 864-1904

**APPLICATION FOR RETAIL FOOD PERMIT**

This application will expire one (1) year from date issued

The undersigned hereby makes application for:

**Annual \$200 Applies for 0-1000 sq ft**

**Annual \$300 Fee Applies for over 1,000 sq ft**

Food Service Establishment

Retail Food Store

Non-Profit Organization (fees waived)

Tavern / Bar

**Annual \$150 Fee Applies**

Child Care Center (including Day Cares) – 13 or more children

Group Residence (including Children's Homes, Halfway Houses, Residential Treatment Centers, Emergency Shelters, and Therapeutic Camps)

Number of Square Feet of Kitchen / Food Service Operations: \_\_\_\_\_

Establishment Name \_\_\_\_\_ Phone No \_\_\_\_\_

Responsible Party Name \_\_\_\_\_ Phone No \_\_\_\_\_

Building Owner(s) Name (if different) \_\_\_\_\_ Phone No \_\_\_\_\_

Establishment Physical Address \_\_\_\_\_  
Street City State Zip

Establishment Mailing Address \_\_\_\_\_  
(if different) Street City State Zi

\*\*\*This form must be completely filled out to be to be accepted. Please type or print all information. A check, cash or money order must accompany this application. A current Texas Drivers License must be provided for a copy to be kept on file. All new construction must have detail prints of buildings and equipment submitted with this application. **NO APPLICATION WILL BE APPROVED WITHOUT A DRAWING LAYOUT. THERE WILL BE NO REFUNDS ONCE THIS APPLICATION IS SUBMITTED.**

**Name & Address of Responsible Parties or Managers:**

1. \_\_\_\_\_  
 Name Phone Number  
 \_\_\_\_\_  
 Street City State Zip

2. \_\_\_\_\_  
 Name Phone Number  
 \_\_\_\_\_  
 Street City State Zip

**Names and phone numbers of Alternate or Emergency Contacts:**

\_\_\_\_\_ Name Phone Number  
 \_\_\_\_\_  
 Name Phone Number

**Normal Business Hours:** \_\_\_\_\_

**Water Supply Information**

Public Water Systems:

- Community – city operated water system
- Noncommunity – owner operated water system

**Required:** \_\_\_\_\_

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Water System Name

State ID

**Required:** Copy of approved bacteriological analysis conducted within last 30 days

Private Water Systems

Private – individual owned well not permitted by state

- Businesses permitted before 6/29/08 must follow Brazoria County Water Standards. Monthly bacteriological analysis must be maintained and on file for review by inspectors
- NOT ACCEPTABLE FOR BUSINESSES PERMITTED AFTER 6/29/08

**Sewage Disposal Information:**

**Public (City)**

**Community (MUD)**

**Private (Individual OSSF)**

If a Private (individual on-site disposal system) is used, the following information must be furnished:

1) Brazoria County Septic Permit No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 2) Tank Capacity \_\_\_\_\_ gal.

3) A drawing prepared to scale showing the location of septic tanks, field lines, beds, sprinklers, etc. and the distance from adjacent waste disposal systems and drinking water must be included in order for this application to be considered.

**Garbage Disposal Information:**

**Public (city)**

**Private (individual)**

Waste Service Provider: \_\_\_\_\_ Frequency of garbage pick-up: \_\_\_\_\_

Private Name

Private Address

Private Phone

If Private (individual), copies of receipts from approved landfills proving adequate garbage disposal.

Signature of Owner (s) \_\_\_\_\_ D.L # \_\_\_\_\_

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

### ACKNOWLEDGEMENT

STATE OF TEXAS

COUNTY OF BRAZORIA

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_

\_\_\_\_\_, known to me to be the person(s) whose name(s) is/are signed to

the foregoing application and duly sworn by me, each states under oath that he/she has read the said application and that all facts therein set forth are true and correct.

Sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

SEAL

\_\_\_\_\_  
NOTARY

**A copy of this completed Application must be  
retained by the Establishment and  
readily available for review by Health Inspectors**

### OFFICE USE ONLY

Approved       Disapproved

Inspector \_\_\_\_\_

Date \_\_\_\_\_

Permit Fee \_\_\_\_\_

