



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 the 1st day of the issuing month.

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
- Child Care Center (including Day Cares) – more than 12 children
- Group Residence (including Children’s Homes, Halfway Houses, Residential Treatment Centers, Emergency Shelters, and Therapeutic Camps)

Number of Square Feet of Building / 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 Zip

***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: _____
 Water System Name

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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) Grease Trap Capacity _____ gal

4) 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.

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 _____

Rev. 5/13/21 dp

