

**Brownwood/Brown County Health Department**

**510 East Lee Street – P.O. Box 1389**

**Brownwood, TX 76801**

**(325) 646-0554**

**Temp Food Service Permit Application**

Application is hereby made to permit a Food Service Establishment with Brown County in accordance with ordinances or said county.

It is hereby stipulated and agreed by the undersigned, that a permit fee of **\$30.00** (3 days) or **\$65.00** (Seasonal-up to 6 months) payable to the Brownwood/Brown County Health Department shall accompany the application.

In consideration of the issuance of such permit, the applicant understands that said permit can be suspended or revoked for noncompliance of County ordinances. Permit shall not be transferrable from person to person or from one location to another location.

**Name of Establishment:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Address of Owner:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Type of Establishment:** \_\_\_\_\_

(ex: restaurant, retail, temporary)

**Date Inspection desired** \_\_\_\_\_ **Date of opening** \_\_\_\_\_

<b>PERMIT NUMBER</b> _____	<b>SUSPENDED</b> _____ <b>REVOKED</b> _____
<b>DATE ISSUED:</b> _____	<b>DATE:</b> _____