

# BRENHAM ~ WASHINGTON COUNTY ~ BURTON

## FOOD ESTABLISHMENT PERMIT APPLICATION

(TYPE OR PRINT ALL INFORMATION)

**DATE:** \_\_\_\_\_

**ESTABLISHMENT NAME:** \_\_\_\_\_

**LOCATION ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_ **OWNER PHONE:** \_\_\_\_\_

**DATE TO BEGIN OPERATION:** \_\_\_\_\_

**Type of Business:** (more than one may apply):

Restaurant/ Caterer		Convenience Store		Fast Food		Grocery Store	
Nursing Care		School/ Day Care		Snack Bar/ Bar-B-Que		Other (specify)	

**Hours of Operation:**

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
a.m.		a.m.		a.m.		a.m.		a.m.		a.m.		a.m.	
p.m.		p.m.		p.m.		p.m.		p.m.		p.m.		p.m.	

**What is the seating capacity of the Establishment?** \_\_\_\_\_

**Number of Employees (including management):** \_\_\_\_\_

**Name of Certified Food Manager(s) (CFM):** \_\_\_\_\_

**CFM Certification Program:** \_\_\_\_\_

**CFM Certification Expiration Date(s):** \_\_\_\_\_

**Type of Water Supply (circle one):**      **City Water**      **Utility District**      **Private Well**

**Type of Sewage Disposal (circle one):**      **City Sewage**      **Septic System**

**Grease Trap/Interceptor Information:**

Location: \_\_\_\_\_ Size: \_\_\_\_\_ gal/lbs Service Frequency: \_\_\_\_\_

Name of Hauler \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Pest Control Information:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Fire Suppression Vent Hood Information:**

Name of Fire Equipment Service Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Which month are your vent hoods inspected? \_\_\_\_\_

Which month are your fire extinguishers inspected? \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_  
**(PLEASE PRINT CLEARLY)**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

PLEASE FAX COMPLETED APPLICATION TO: **(979) 337-7218**

OR MAIL TO: **CITY OF BRENHAM HEALTH INSPECTOR  
P.O. BOX 1059  
BRENHAM, TX 77834-1059**