

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: _____ Service Frequency: _____

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) 337-7341**

OR MAIL TO: **CITY OF BRENHAM HEALTH INSPECTOR
P.O. BOX 682
BRENHAM, TX 77834-0682**