



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 MOBILE PERMIT

This application will expire one (1) year from the 1st day of the issuing month.

The undersigned hereby makes application for:

Mobile Name _____ Phone No. _____

Owner(s) Name _____ Phone No. _____

Owner's Home Address: _____ City _____

Mailing Address: _____ City _____ State _____ Zip _____

Name & Address of Emergency and Alternate Contacts:

1. _____
Name Phone Number

_____ Home Address City State Zip

2. _____
Name Phone Number

_____ Home Address 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. **THERE WILL BE NO REFUNDS ONCE THIS APPLICATION IS SUBMITTED.**

Type of Food Sold _____

Commissary Address _____ Phone No. _____

City _____ Zip _____

Make of Vehicle _____ Type of Vehicle _____ License Plate No. _____

Proposed Site of Operation _____

Normal Business Hours _____

NO APPLICATION WILL BE APPROVED WITHOUT THE FOLLOWING:

- Layout of water tank location
- Copy of Certified Food Manager license or receipt of registration

ACKNOWLEDGEMENT

STATE OF TEXAS

COUNTY OF BRAZORIA

NOTARY MUST BE PRESENT WHEN SIGNING THIS DOCUMENT

Signature of Owner (s) _____ D.L. # _____

Date: _____

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 _____

