City of Brookshire

4029 5th Street, Brookshire, Texas 77423

Phone Number: (281) 375-5050
Fax Number: (281) 375-5045

Food Establishment Permit Application

Project Information

Permit # _____

Business Name: _____

Business Address: _____

Hours of Operation: _____

☐ New   ☐ Renewal   ☐ Change of Owner   ☐ Change of Name

Previous Name: _____

Type of Food Service: ☐ Restaurant   ☐ Grocery   ☐ Day Care

☐ Convenience Store   ☐ School   ☐ Nursing Home   Other: _____

☐ Seasonal   List type: _____

☐ Mobile Vendor   Vehicle Name/Model: _____   Vin #: _____

Proof of Insurance: _____   Tag#: _____

Owner Information

Company Name: _____   Contact Person: _____

Street Address: _____

Phone #: _____   Mobile #: _____   Email: _____

Tenant Information

Company Name: _____   Contact Person: _____

Street Address: _____

Phone #: _____   Mobile #: _____   Email: _____

Provide following information on establishment:

Number of Employees: _____   Seating Capacity: _____   Square Footage: _____

# of Certified Food Service Handlers: _____   # of Certified Food Service Managers: _____

Does the Establishment have a Grease Trap? _____   If yes, capacity: _____ lbs.

Grease Trap Service Company: _____

Is this a non-smoking establishment? _____

If no, what is seating capacity for sections: Non-Smoking Section _____   Smoking Section _____

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, all provisions of the City Ordinances and State Laws will be complied with, whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the above establishment or authorized employee. Permission is hereby granted to enter premises and make all inspections.

Signature of Applicant: _____   Date: _____

OFFICE USE ONLY

Permit Fee: _____   Approved By: _____

Received By: _____   Date Issued: _____

Check # or Cash: _____   Expiration Issued: _____

BV Project #: _____