



City of Brookshire

Mailing Address P.O Box 160 /
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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: \$480
Received By: _____
Check # or Cash: _____

Approved By: _____
Date Issued: _____
Expiration Issued: _____
BV Project#: _____