Brazos County Health District
201 N Texas Ave
Bryan Texas 77803-5317
(979) 361-4450

CITY PERMIT – CHANGE OF OWNER

2020 Application **OLD PERMIT # _____** **PERMIT #: _____**

Permit Fee Due:	**$300.00**	Late Payment Fee Due:	$0.00
Extra Fee Due:	$0.00	**TOTAL FEE(S) DUE**:	**$300.00**

PLEASE CORRECT/COMPLETE AND RETURN WITH REQUIRED FEE

Is establishment inside or outside city limits: _____

ESTABLISHMENT NAME: _____

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____

OWNER: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Certified Food Manager: _____

Manager's Certification Expiration Date: _____

Email Address: _____

Circle one of the following water supplies: Public Well TNRCC#: _____

Hours of operation: _____

CURRENT NUMBER OF EMPLOYEES: _____ (including management)

LICENSED CAPACITY OF CHILDREN: _____ (If a child care facility)

Date of change to new owner _____

Operating an establishment without a CURRENT permit is in violation of City or County Regulations.
Legal action or closure may be imposed against such an operation.

I HAVE READ AND AGREE TO THE CONDITIONS OF THIS APPLICATION/PERMIT.

_____ _____

Applicant's Signature Date

----------OFFICE USE ONLY----------

DATE PAID _____ RECEIPT# _____ CHECK# _____ CASH ___ CREDIT/DEBIT___

RENEWAL NEW OWNER NAME CHANGE NEW ESTABLISHMENT