



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



**CITY PERMIT – CHANGE OF OWNER**

**2022 Application**          **OLD PERMIT #** \_\_\_\_\_ **PERMIT #:** \_\_\_\_\_

Permit Fee Due:    **\$150.00**          Late Payment Fee Due:    **\$0.00**

Extra Fee Due:      **\$0.00**          **TOTAL FEE(S) DUE:**    **\$150.00**

**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