



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



CHANGE OF OWNER

2023 Application **OLD PERMIT #** _____ **PERMIT #:** _____

Permit Fee Due:	<u>\$150.00</u>	Late Payment Fee Due:	<u>\$0.00</u>
Extra Fee Due:	<u>\$0.00</u>	TOTAL FEE(S) DUE:	<u>\$150.00</u>

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