

Brazos County Health District

201 N Texas Ave Bryan Texas 77803-5317 (979) 361-4450



CHANGE OF OWNER

2023 Application	OL.	D PERMIT #	PERMIT #:		
Perm	it Fee Due:	<u>\$150.00</u>	Late Paymen	t Fee Due:	<u>\$0.00</u>
Extra	Fee Due:	\$0.00	TOTAL FEI	E(S) DUE:	<u>\$150.00</u>
PLEASI	E CORREC	T/COMPLETE	E AND RETURN W	TTH REQU	IRED FEE
ESTABLISHMEN ⁷	T NAME: _				
Street:				City:	
State:	Zip: _		_ Phone:		
OWNER:					
State:	Zip: _		Phone:		
Email Address:					
Manager's Certifica	ation Expirat	ion Date:			
List your public wa	iter source:				
List your sewage disposal: Public Private Septic/OSSF#					
CURRENT	NUMBER C	F EMPLOYEE	S:	(i	ncluding management)
Date of change to n	new owner				
Operating an est	tablishment w	ithout a CURRE	NT permit is in violation	on of City or C	County Regulations.
	Legal action	or closure may l	be imposed against suc	ch an operatio	n.
I HAVE REA	AD AND AGE	REE TO THE CO	ONDITIONS OF TH	IS APPLICA	TION/PERMIT.
Applicant's Signature			Date FICE USE ONLY		
DATE PAID	RECEI	PT#	CHECK#	CASH	CREDIT/DEBIT
RENEWAL	NEW OW	NER NAMI	E CHANGE	NEW ESTA	ABLISHMENT