



## Permit Update Notification

Current Permit Information			
Type of Business Entity:	Sole      General Partnership      LLC      Corporation      Other _____		
Doing Business As (DBA):	Business Account Number (BAN):		
Business Location:	Ownership Name:		
License Identification Number (LIN):	Permit #:		
Permit Type(s):	Food/Laundry/Pet	Massage	Tobacco
	Weights & Measures	Body Arts	Other _____
Permit Update Information			
<b>Business Closure</b>	Date of Closure:		
<b>DBA Name Change</b>	Transfer permit to:	New DBA:	
		New LIN:	
I understand that BAN and Ownership Name remains the same to receive approval for DBA name change. Otherwise, a change of ownership permit application is required.			
<b>Drop Partner(s)</b>	Transfer permit to:	New Partnership:	
		New BAN:	
I understand when adding a partner on a General Partnership business entity, a change of ownership permit application is required.			
<b>Tobacco Permit <u>Only</u></b>	Describe the update on the current business entity, such as: owner(s) percentage.		
<b>Other</b>			
<b>Print Name</b> (Owner, Officer, or Authorized Agent)		<b>Signature</b>	<b>Date</b>
<i>I understand that this declaration is subject to review by the Department of Public Health, Environmental Health. I declare under penalty of perjury that I am authorized representative of this business entity and the information contained herein is true and complete to the best of my knowledge and belief.</i>			
For Department of Public Health Office Use Only			
<b>Business Closure</b>		<b>Reclassification</b>	
Verified closed during site visit conducted on _____.		Transfer permit from _____ to _____.	
Close license & do not bill after effective date of _____.		Maintain Permit # _____.	
<b>DBA Name Change</b>		<b>Partnership</b>	
Verified BAN and Ownership Name remains the same.		Verified partner(s) dropped, not added.	
<b>Notes</b>			
Inspector Name:		Date:	
Processed By:		Date:	