



## CITY OF BRENHAM BOARDING HOME PERMIT GENERAL INFORMATION

---

- Applications can be picked up at City Hall in the City Secretary's Office; between the hours of 9:00 a.m. and 4:00 p.m.;
- A non-refundable Application Fee of \$250 is due when a completed application is filed with the City Secretary. No inspections will be scheduled or performed until Application Fee is paid, in full.
- Review and familiarize yourself with the language of Ordinance O-12-021. The requirements outlined in the ordinance will be confirmed during the on-site inspection. If the facility does not pass the on-site inspection, there will be a \$150 charge for each re-inspection.
- When you are ready for your on-site inspection, please contact:
  - David Doelitsch, City of Brenham Health Inspector  
Phone: 979-337-7216  
E-mail: [ddoelitsch@cityofbrenham.org](mailto:ddoelitsch@cityofbrenham.org)
  - Alan Finke, City of Brenham Fire Marshal  
Phone: 979-337-7302  
E-mail: [afinke@cityofbrenham.org](mailto:afinke@cityofbrenham.org)
- After all inspections have been successfully completed, please return your inspection documents to the City Secretary's office. Any re-inspection fees will be collected at this time.
- The City Secretary will process your application and all related inspection documents. If the application is complete and all associated fees have been paid in full, the City Secretary will issue a permit within five (5) business days.



**CITY OF BRENHAM  
APPLICATION FOR BOARDING HOME  
PERMIT TO OPERATE**

---

**FACILITY/COMPANY/ORGANIZATION INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Local Contact #: (\_\_\_\_) \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_ Contact # (\_\_\_\_) \_\_\_\_\_

Form of Entity (circle one): Corporation / Partnership / LLC / Sole Proprietorship / Other

State of Incorporation/Formation: \_\_\_\_\_ Federal Tax ID No: \_\_\_\_\_

No. of Years in Operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Web Address (if applicable): \_\_\_\_\_

A brief description of the facility (how long in business, number of residents, services being provided, etc...). If available, please provide copies of any literature being distributed to promote the facility:

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

---

***\*For City Use Only\****

*Date Received:* \_\_\_\_\_

*Amount Paid:* \_\_\_\_\_

*Date Permit Issued:* \_\_\_\_\_

*Permit No.:* \_\_\_\_\_

---