



## Fixed Food Service Establishment Change of Ownership Application

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

Prior Establishment Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Establishment Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

Proposed Opening Date: \_\_\_\_\_

Planned Building Changes:

Planned Menu Changes:

Planned Equipment Changes:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**At least 30 days prior to opening, in addition to this form, provide:**

- Food Service License Application with appropriate fee
- Establishment Data Sheet
- Standard Operation Procedure Manual
- Menu
- Copy of Food Manager certificate
- Specialized Processing Checklist

You will be contacted by an Environmental Health Specialist to set up a Change of Ownership Evaluation appointment.