



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.

Revised 1/23