Clermont County Public Health
Prevent. Promote. Protect.

Food Facility – Ownership Change Application

Instruction:

1. Complete all sections of page# 1 of this application.
2. Attach the letter from the old Owner stating the change in ownership and the last day of their operation.

Food Facility Information

Food facility name:			
New name of the facility: *(if applicable)*			
Address:	**City:**	**State:**	**Zip:**
Phone number:	**Email:**		

Owner Information

Owner name:			
Address:	**City:**	**State:**	**Zip:**
Phone number:	**Email:**		

Billing Address

Provide ONLY if it is different from Owner Information

Name:			
Address:	**City:**	**State:**	**Zip:**
Phone number:	**Email:**		

Indicate the changes that will be made to the facility

Change in menu	**☐Yes**	**☐No**
Change of equipment	**☐Yes**	**☐No**
Change of seating	**☐Yes**	**☐No**
Change in layout of kitchen	**☐Yes**	**☐No**
Change to finish material	**☐Yes**	**☐No**

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Clermont County Public Health may nullify final approval.

New Owner/Project Contact Name	New Owner/Project Contact Signature	Date

Clermont County Public Health
Prevent. Promote. Protect.

Food Facility – Ownership Change Application

FOR OFFICE USE ONLY		
☐ Ownership change with no change to the existing facility ☐ Minor updates are made to the menu, equipment, food prep area and/or finishes ☐ Major updates are made to the menu, equipment, food prep area and/or finishes		
Additional comments:		
Application received date	Application reviewed by	Application ☐Approved ☐Denied (Needs plan review)
Sanitarian Signature	Date	