



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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change of equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change of seating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change in layout of kitchen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change to finish material	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
--------------------------------	-------------------------------------	------

Food Facility – Ownership Change Application

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