



**DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DIVISION**

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**Restaurant Change of Owner Application**

Please complete this application. Thorough, complete answers will help speed the application process. A sanitarian will review this application to determine if the existing restaurant (equipment, amount of refrigeration, storage space, hand wash facilities, etc.) can accommodate the proposed new restaurant.

**AN INSPECTION MAY BE REQUIRED PRIOR TO OPENING**

**Prior to your approval to operate, you must submit:**

- Proposed menu
- Standard operating procedures (if the menu is different than the existing restaurants menu)
- Manager Certification Certificate (ServSafe, National Registry of Food Safety Professionals or Thomson Prometric)
- License application
- License fee

Name of existing restaurant: \_\_\_\_\_

Name of proposed restaurant: \_\_\_\_\_

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

Name of new owner: \_\_\_\_\_

New owner telephone number: \_\_\_\_\_

Proposed open date: \_\_\_\_\_

Will there be any equipment changes or upgrades or remodeling (Yes or No)? \_\_\_\_\_

If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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Sanitarian, please complete the following & return to Food Team CSS once approved to open:

- |   |   |
|---|---|
| <input type="checkbox"/> Menu Received                  | Date applicant contacted _____                          |
| <input type="checkbox"/> SOP's Received                 | Date approved to begin operation _____                  |
| <input type="checkbox"/> Application & Fee Received     | Next Routine Inspection should be in (circle one below) |
| <input type="checkbox"/> Manager Certification Received | 30 days    60 days    90 days    180 days    365 days   |