



WASHTENAW COUNTY DEPARTMENT OF PLANNING & ENVIRONMENT
ENVIRONMENTAL SERVICES DIVISION
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RESTAURANT CHANGE OF OWNER APPLICATION

Please complete the 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****

Please attach:

- Proposed menu
- Standard Operating Procedures *(if the menu is different from the existing restaurant's menu)*

Name of existing restaurant: _____

Name of proposed restaurant: _____

Address of restaurant: _____

Name of new owner: _____

New owner telephone number: _____

Proposed open date: _____

Will there be any equipment changes, upgrades or remodeling? Yes No
(Please note that major changes or remodeling may require plan review.)

If YES, please explain:

FOR OFFICE USE ONLY

Date applicant contacted: _____

Date approved to begin operation: _____

Return to Anita and inform her that the restaurant is approved to open.