



Change of Ownership Request

All Licenses are non-transferable and non-refundable. All Licenses must be renewed by March 1st of every year.

This request must be reviewed by the Sanitarian assigned to your facility before you can apply and pay for a license

Facility Information

Previous Business Name: _____ Date of Purchase: _____

Do you have a Managerial Agreement? Yes No If yes, please have a copy for our files. Exp. Date _____

Is the facility currently open? Yes No If no, how long has it been closed? _____

Do you have Level 1 or Level 2 Food Safety Certification? Yes No

Will you be adding/changing any equipment? Yes No If yes, explain _____

Will you be making any changes in the next 6 months? Yes No If yes, explain: _____

Will you be cooking food? Yes No Reheating? Yes No Cooling? Yes No

What type of products will you be selling? _____

New Owner Information

Business Name: _____

Business Address: _____ City _____ Zip Code: _____

Phone: _____ Business Email: _____

Owner's Name: _____

Owner's Address: _____ City _____ Zip Code: _____

Phone: _____ Personal Email: _____

Applicant Signature Date

By signing this document, I hereby state that the information given above is accurate to the best of my knowledge. I understand that if I make any changes after operation begins, I must let TLCHD know. I further understand that making changes to the facility may require me to go through the plan review process.

For Office Use Only

Change Approved - Plan Review is **NOT REQUIRED** Verified Level 1 Last inspection was reviewed

Change Denied - Plan Review **IS REQUIRED** based on changes. Other reason _____

District # _____ Sanitarian Comments: _____

Sanitarian Signature Date