



Receipt # \_\_\_\_\_

Fee \_\_\_\_\_

**LAPEER COUNTY HEALTH DEPARTMENT**  
ENVIRONMENTAL HEALTH DIVISION ~ 1800 Imlay City Rd., Lapeer, MI 48446  
(810) 667-0392 ~ Fax # (810) 667-0283

**Change of Ownership/Site Consultation Request**  
Existing Food Service Establishment

This application will assist in the evaluation of the food service establishment you wish to operate. A food service license is not transferable from person to person. The appropriate fees will apply.

Proposed name of establishment: \_\_\_\_\_

Current name of establishment: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of establishment: \_\_\_\_\_ Approximate seating: \_\_\_\_\_  
Year-round / Seasonal / Mobile

Days of operation:  7 days a week or  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Please indicate hours if they vary depending on the day of the week: Mon \_\_\_ to \_\_\_ Tues \_\_\_  
to \_\_\_ Wed \_\_\_ to \_\_\_ Thurs \_\_\_ to \_\_\_ Fri \_\_\_ to \_\_\_ Sat \_\_\_ to \_\_\_ Sun \_\_\_ to \_\_\_.

Do you anticipate renovations, modifications or menu changes? No ( ) Yes ( )

Menu (**Provide copy**) ( ) Structural ( ) Equipment ( ) (**May require plan review**)

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Current Sq Ft of facility: \_\_\_\_\_ Sq Ft with proposed additions \_\_\_\_\_

Proposed Contractor(s): \_\_\_\_\_

Proposed opening date: \_\_\_\_\_ [ MUST HAVE INSPECTION & APPROVAL BY HEALTH DEPT.]

New owner's name: \_\_\_\_\_

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

Applicant's Name: \_\_\_\_\_

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

Email address \_\_\_\_\_@\_\_\_\_\_

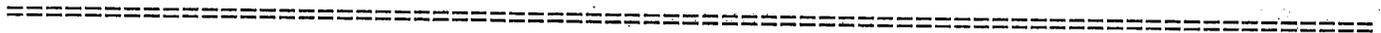
Is the Person-In-Charge / Manager a certified food service manager? Yes ( ) No ( )

MANAGER CERTIFICATION PRIOR TO OPERATION IS REQUIRED BY MICHIGAN LAW.

I hereby certify that all information provided in this document is true and complete.

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

HEALTH DEPARTMENT USE ONLY



Renovations, modifications or changes requiring a plan review? Yes ( ) No ( )  
[If yes, Renovation fee applies]

Inspection/appointment date (if necessary) : \_\_\_\_\_

Compliance schedule established: Yes ( ) No ( )

Refer to inspection report forms(s)? Yes ( ) No ( )

Additional comments or notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Change of Ownership Approved? Yes\* ( ) No ( )**

Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Once the new ownership is approved the secretary will place this Change of Ownership Request Form in the section with inspections to denote when the change occurred. All other inspections will be placed on top, in chronological order.

A new tab sticker will be placed over the old one with new facility name [if changed] and new facility license number.