



Environmental Health Division
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Food Services Establishment
Change of Ownership / Field Evaluation / Inspection Application
Existing Structure

This application will assist in the Food Service establishment evaluation. Food service licenses are non-transferable.

Attach the following items: proposed menu, hours of service, copy of the Person-In-Charge certification, SOP's and Specification sheets of new equipment

Proposed Name of Establishment: _____

Current Name of Establishment: _____

Address: _____ Email: _____

Establishment Phone: _____ Fax: _____

Type of Establishment: _____ Number of Seats: _____

Proposed remodeling or changes? Structural () Equipment () None ()

Describe Changes: _____

Proposed Contractor(s): _____

New Owner(s) Name: _____ Telephone: _____

Address: _____

Type of Ownership: () Individual () Partner () Corporation () Religious /Fraternal () Educational

Owner(s) / Person-In-Charge number of years in food service industry: _____

Certification of Owner(s) / Person-In-Charge: () Yes Name: _____ Year: _____
() No

Ownership of other food service establishment(s)? If yes, location: _____

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

Name / Title: _____ Date: _____

LOCAL HEALTH DEPARTMENT OFFICE USE ONLY:

Date: _____ Fee: _____ Receipt #: _____ () Cash () Check () Credit Card