



Environmental Health Division
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**Food Service 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: the 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: _____

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 FOR LOCAL HEALTH DEPARTMENT OFFICE USE ONLY:

Fee: **\$200.00** Date: _____ Receipt #: _____ () Cash () Check # _____ () Visa () MasterCard () Discover Initials: _____



Fixed Food Establishment Standard Operating Procedure (SOP) Cover Sheet

Establishment Name: _____

Address, City: _____

County: _____

√ or NA	
All Food Establishments, except vending locations:	
	Handwashing
	Personal Hygiene
	Bare Hand Contact with Ready-to-Eat Food
	Employee Health
	Food from Approved Sources
	Cleaning and Sanitizing Food Contact Surfaces (i.e. Warewashing)
	Protecting Food from Contamination
When applicable to the establishment:	
	Date Marking Ready-to-Eat, TCS Food
	Time as a Public Health Control
	Thawing TCS Food
	Cooking TCS Food
	Cooling TCS Food
	Reheating TCS food
	Hot holding TCS food
	Cold holding TCS food
	Catering /Off-Site/Satellite Food Service
	Outdoor Exposed Dining/Food Preparation

The documents noted above were reviewed and found to be technically correct:

Agency Name: _____

Agency Representative: _____

Date: _____

Attached SOPs are numbered pages: _____ to _____

Agency Notes: _____

Note: Attach SOP's to cover sheet or note if SOPs were in electronic form.