



**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: \_\_\_\_\_

FOR LOCAL HEALTH DEPARTMENT OFFICE USE ONLY:

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