



ST. CLAIR COUNTY HEALTH DEPARTMENT



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: 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