



Division of Environmental Health

403 S 7th Street, Rm 248, Denton, MD 21629

Robin L Cahall, B.H.S. C.P.H Health Officer

CHANGE OF OWNERSHIP REQUEST

A license may not be transferred from one person to another person or from one food service facility to another. Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03, Regulations governing Food Service Facilities. **TRANSFER OF OWNERSHIP OF A FOOD SERVICE FACILITY WITH NO REMODEL.** If a facility has been closed more than 90 days OR a facility's menu, seating, equipment, or layout has changed, you must obtain approval by Caroline County Health Department prior to operating:

FACILITY ADDRESS: _____
Street Address City / State Zip Code

Date of Transfer: _____

Previous Facility Owner/Operator: _____

Previous Facility Name (If applicable): _____

New Facility Owner/Operator: _____

New Facility Name (If applicable): _____

Federal Tax ID #: _____ Owner's Phone Number: _____

Mailing Address: Facility Owner (If not indicated, all correspondence will be mailed to the facility.)

Business Owner Address: _____
Street Address or P.O. Box City / State Zip Code

Has there been a:

- Change in Menu? Yes No
- Change in Seating? Yes No
- Change in Equipment? Yes No
- Change in Layout? Yes No

I,(Print Name), _____

have taken ownership of the above referenced food service facility. I HAVE NOT changed, added, or removed any food equipment and WILL NOT change, add or remove any food equipment. Additionally, I WILL NOT make any renovations to the facility without submitting plans and obtaining approval from the Caroline County Health Department Office of Environmental Health's Plan Review Program prior to any work being done.