

## **Environmental Health Division**

705 N. Zeeb Road • Ann Arbor, MI 48103 Phone: (734) 222-3800 • Fax: (734) 222-3930 www.washtenaw.org/envhealth

## LICENSED FOOD SERVICE ESTABLISHMENT CHANGE OF USE APPLICATION

Please complete this application thoroughly. A sanitarian will review the application to determine if the existing licensed food service establishment (equipment, amount of refrigeration, hot water capacity, storage space, hand wash facilities, etc.) can accommodate the proposed new use.

Note that a Plan Review may be required. A determination will be made after consultation and/or review of the establishment's file. You may also need to contact your township and local building department for approval to open.

<u>An inspection will be required before you are allowed to open.</u> You will be contacted by an Environmental Health sanitarian to schedule this inspection.

Application type:					
☐ Change of Owner	☐ License Transfer from MDARD		☐ Re-open Closed Facility		
Other:					
Restaurant and owner information:					
Existing restaurant name					
Proposed restaurant name					
Street address		City		Zip	
New owner name		New owner phone			
New owner email		Proposed open date			
Planned menu changes (attach addition	al pages as necessary):				
Prior to your approval to operate, you	must submit:	Receipt:			
☐ Proposed menu ☐ Standard Operating Procedures/SO different from the existing restaurant's ☐ Manager Certification Certificate(s) Registry of Food Safety Professionals o ☐ Allergen Training Certificate(s) (unle	menu) (ServSafe, National r Thomson Prometric)				
☐ Food service license application & f☐ Fee for this change of use application	ee				

Planned building changes (attach additional pages as necessary):	
No. of the Control of	
Planned equipment changes (attach additional pages as necessary):	
Analisant signature:	
Applicant signature:	
Submittal of this application does not guarantee that you will be approved for lice	nsure You will be notified if the
information is incomplete or does not satisfy the minimum sanitation requirements.	
application process, please contact our office at 734-222-3800.	. If you have questions about the
application process, pieuse contact our office at 754 222 3000.	
Note that other agencies such as Michigan Department of Agriculture and Rural Dev	relopment (MDARD). Michigan Liquor
Control Commission, or local municipalities may also require you to submit plans an	
What you will need depends on your operation. Check with these agencies for speci	, -
That you will need depends on your operations eneed with these agencies for speci	ne requirements.
Refer to the following web sites for more information:	
www.washtenaw.org/foodsafety	
www.michigan.gov/mdard	
I certify that the information submitted is accurate to the best of my knowledge.	
Owner/Representative Signature:	Date:
Name and Title (please print):	