

Bay County Environmental Health Division
1200 Washington Avenue, Bay City, Michigan - (989) 895-4006

Food Service License Change of Ownership

Fee For License Transfer/Change of Ownership: \$260.00

RECEIPT # _____

Date Submitted: _____

Check # _____

Applicant's Name: _____

Address: _____ / _____ / _____ / _____
Street City State Zip

Telephone: Home#: _____ Work#: _____

ESTABLISHMENT INFORMATION

Current Name of Establishment: _____

Establishment Address: _____

City: _____ Zip Code: _____ Township: _____

Establishment License Number: _____

Current Owner's Name: _____ Telephone # _____

Buyer's Name (if different from Applicant): _____ Telephone#: _____

Proposed New Name of Establishment: _____

Proposed Date For Opening: _____

****FOR HEALTH DEPARTMENT USE ONLY****

Pre-Opening Inspection Date: _____

- Establishment is in Substantial Compliance with the Food Law of 2000
- Establishment is **NOT** in Substantial Compliance with the Food Law of 2000. A Follow-Up Inspection must be conducted prior to opening.
- Establishment to be remodeled
- Plans submitted to Bay County Health Department

_____ / _____
Sanitarian Signature *Date*