



Human Services and Public Health Department

Epidemiology and Environmental Health
1011 South First Street, Suite 215
Hopkins, MN 55343-9413

Epidemiology: (612) 543-5230
Environmental Health: (612) 543-5200
FAX: (952) 351-5222

CHANGE OF OWNERSHIP

Return to: Human Services and Public Health Dept.
Epidemiology and Environmental Health
1011 First Street South, Suite 215
Hopkins, MN 55343
Phone: 612-543-5200 Fax: 952-351-5222

FOR OFFICE USE ONLY

License not issued until:

Environmental Approval (initials & date)

Required Documentation Received

Please return this form with a menu. A License Application will then be prepared for the Foodservice. Permits to operate and annual fee permits are NOT TRANSFERABLE.

Name of Establishment: _____

Address _____

City, State, Zip _____

Phone, Fax _____

This form filled out by (most appropriate):

- Owner Operator Contractor Designer
- Other (specify) _____

Name of Owner: _____

Address: _____

City, State, Zip _____

Phone: _____

Name of Operator: _____
(If different)

Address: _____

City, State, Zip _____

Phone: _____

Basic Establishment Information:

If remodeled, plan review is required No change of facility

Date of transfer of ownership: _____

Anticipated date of establishment opening: _____

FOODSERVICE: Number of kitchens _____ Number of bars _____

Type Service: Provide a description of the basic type of food and beverage service and nature of operation:

Menu Information: Attach copy of menu. Provide basic delivery information (sources) here.

Employee Involvement: Provide information on number and category of workers anticipated: total, and per shift:

Projected Service Capacity:

Seating _____ # of meals served each day _____

Other (specify) _____

LODGING: Number of units: _____

CHILDREN'S CAMPS: Number of units: _____

SIGNATURE OF APPLICANT: _____

Date: _____