



**Hennepin County Public Health Department**

Epidemiology and Environmental Health  
1011 South First Street, Suite 215  
Hopkins, MN 55343-9413  
www.hennepin.us/foodlicense

Environmental Health: (612) 543-5200  
Fax: (952) 351-5222

# POOL – OWNER / MANAGEMENT COMPANY CHANGE FORM

Please return this form to the address listed below. A license application will then be prepared & sent to the owner. Permits to operate & annual fee permits are **NOT TRANSFERABLE**.

Return to:

Hennepin County Public Health Department  
Epidemiology and Environmental Health  
1011 First Street South, Suite 215 Hopkins, MN 55343  
Phone: (612) 543-5200

Establishment Information			
Establishment Name <i>(as it will appear on the license)</i> :		Phone:	
_____		_____	
Address:	City:	State:	Zip Code:
_____	_____	_____	_____
Is this a new name? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, previous name: _____			
Owner Information			
Owner Name <i>(as it will appear on the license)</i> :		Phone:	
_____		_____	
Address:	City:	State:	Zip Code:
_____	_____	_____	_____
Management Company Information (if different than owner)			
Management Company Name:		Phone:	
_____		_____	
Address:	City:	State:	Zip Code:
_____	_____	_____	_____
Other Information			
Date of Transfer: _____		Number of Pools: _____	
Correspondence (licenses/billing) should be sent to: <input type="checkbox"/> Owner <input type="checkbox"/> Management Company <input type="checkbox"/> Establishment			
Applicant/Contact Information			
Signature:		Date:	
_____		_____	
Please PRINT the following information			
Name:		Phone:	
_____		_____	
Email Address:			
_____			