

FOOD AND CONSUMER SAFETY

CHANGE OF OWNERSHIP APPLICATION

The Health and Hospital Code Chapter 8 states that a person may not transfer a food establishment license to another person or another location. These instructions and application only apply to establishments which are currently in active status and have a valid food establishment license or establishments that have been closed less than ninety (90) days. Additionally, these instructions shall only apply if there will be no change in equipment or layout of the establishment. Slight changes to menu or procedures may be allowed.

If the establishment does not meet the above requirements, or if major changes, such as type of operation, structure, equipment, or floor plan are intended, it will **not** be considered a change in ownership and must be submitted as a new food establishment.

When the ownership of a licensed retail food establishment changes, a one-time change of ownership fee will be imposed in addition to the food establishment license fees.

The following items must be submitted for review thirty (30) days prior to the change in ownership:

- Completed Change of Ownership Application
- Menu
- Copy of Retail Merchant Certificate

Once all items have been submitted and approved, an inspection must be completed to determine compliance with the Indiana Retail Food Code Title 410 IAC 7-24. If it is determined that changes to the establishment must be made in order to be in compliance with the Code; a time frame for completion will be given. Be advised some changes may be required prior to start of operations under new ownership.



CHANGE OF OWNERSHIP APPLICATION

Proposed Date of Ownership Change: _____

Licensing inspection will occur on or after the above date.

Establishment Status:

- Closed
- Closed more than 3 months.
- Operating
- Other _____

Previous Establishment:

Name: _____

Address: _____ Suite/Unit: _____

City: _____ State: _____ Zip Code: _____

New Establishment Information:

Name (if changed): _____

Phone: _____ FAX: _____ Email: _____

Ownership Information:

Owner/Corporation: _____

Contact Person: _____ Phone: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Days and Hours of Operation: _____

Operation Information:

Describe any proposed changes and/or repairs (attach additional sheets if necessary):



Prevent. Promote. Protect.

Use a ✓ to indicate your answer under 'Yes' or 'No'	Yes	No
Did you replace or install new equipment?		
Did you install a new hood?		
Did you add any food preparation areas, wait stations or a bar?		
Have you added or removed restrooms?		
Did you add seating?		

MENU

Are there any changes to the current menu/food sold?

- NO
- YES

If **yes**, attach menu to this application.

INSTRUCTIONS:

Submit application, new menu (if applicable) and a copy of the retail merchant's certificate to our office for review. Applications may be mailed, faxed or emailed. Fees are not due with the application and will be invoiced at the time of inspection. An Environmental Health Specialist will contact the establishment to schedule an inspection.

SUBMIT APPLICATION:

Mail:

Email: foodsafety@marionhealth.org

Department of Food and Consumer Safety
4701N Keystone Ave 5th floor suite 500
Indianapolis, Indiana 46205

Contact our office at (317) 221-2222 Option 5, if you have any questions.

Signature of Owner or Applicant

Date