

## **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 fee of \$200 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 7-26. 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: \_\_\_\_\_ 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):



<b>Use a ✓ to indicate your answer under 'Yes' or 'No'</b>	<b>Yes</b>	<b>No</b>
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. A member of the Department of Food & Consumer Safety will contact the establishment to schedule an inspection. If it is determined that an inspection is not required, a license invoice will be emailed to the application contact.

## **SUBMIT APPLICATION:**

### **Mail:**

Department of Food and Consumer Safety  
4701 N. Keystone Ave. Suite 500  
Indianapolis, Indiana 46205

### **Fax:**

(317) 221-3070

### **Email:**

[foodsafemarionhealth.org](mailto:foodsafemarionhealth.org)

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

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*Signature of Owner or Applicant*

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*Date*