

NOTIFICATION OF ESTABLISHMENT NAME CHANGE

Food Service Establishment Application

SUBMITTAL DATE	REVIEW FEE
	\$0

FOOD SERVICE ESTABLISHMENT INFORMATION		
<i>Current food establishment name</i>		
<i>Changing name to</i>		
<i>Establishment street address</i>		
<i>City</i>	<i>State</i>	<i>Zip code</i>

OWNER OR APPLICANT INFORMATION		
<i>First and last name</i>	<i>Contact phone</i>	
<i>Mailing street address</i>		
<i>City</i>	<i>State</i>	<i>Zip code</i>
<i>Email address</i>		

CERTIFICATION AND ACKNOWLEDGMENT		
<p><i>By signing this document, I certify that the above information is provided as true and accurate to the best of my knowledge. I understand that:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> An ownership change has not occurred. <input type="checkbox"/> The exterior food establishment name sign matches the new name. <input type="checkbox"/> Changes to the menu, equipment, or services must be reviewed and approved by the Health District; additional paperwork and fees may be required. 		
<i>Owner/ applicant name printed</i>	<i>Owner/ applicant signature</i>	<i>Date</i>