

Restaurant Change of Ownership Supplemental Application Form

Facility #: _____ New Name: _____

Address: _____

Previous Name: _____

Adding/Changing seating for customers? Yes No
If yes, describe:

Adding/Changing menu from previous operator? Yes No
If yes, describe:

Adding any cooking equipment? Yes No
If yes, describe:

Changing or removing any sinks? Yes No
If yes, describe:

Changing or removing any refrigeration? Yes No
If yes, describe:

Changing or removing any restroom facilities? Yes No
If yes, describe:

Adding or removing a prep/service area? (i.e. new kitchen, bar, food preparation site) Yes No
If yes, describe:

Catering meals? Yes No

Separator line of diamond symbols

Office Use Only: Check database for following information:
Seating Capacity: _____
Any "Yes" answer above will require Plan Reviewer sign-off before license approval.
Plan Reviewer: _____ Date: _____