

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: \_\_\_\_\_