



St. Clair County Health Department

Environmental Health Division

3415 – 28th Street

Port Huron MI 48060

Phone: (810) 987-5306 Fax: (810) 985-5533

**Food Service Establishment
Change of Ownership / Field Evaluation / Inspection Application**

*** Existing Structure ***

This application will assist in the Food Service establishment evaluation; a food service license is non-transferable. **Attach the following items: the proposed menu, hours of service, name and copy of the Person-In-Charge certification, and Specification sheets of new equipment.**

Proposed Name of Establishment: _____

Current Name of Establishment: _____

Address: _____ Phone: _____

Type of Establishment: _____ Number of Seats: _____

Proposed remodeling or changes? Structural () Equipment () None ()

Describe Changes: _____

Proposed Contractor(s): _____

New Owner(s) Name: _____ Telephone: _____

Address: _____

Type of Ownership: () Individual () Partner () Corporation () Religious / Fraternal () Educational

Owner(s) / Person-In-Charge number of years in food service industry: _____

Certification of Owner(s) / Person-In-Charge: () Yes Name: _____ Year: _____
() No

Ownership of other food service establishment(s)? If yes, location: _____

I hereby certify that all information provided in this application is true and complete.

Name / Title: _____ Date: _____

FOR LOCAL HEALTH DEPARTMENT OFFICE USE ONLY:

Fee: **\$110.00** Date: _____ Receipt #: _____ () Cash () Check # _____ () Visa () MasterCard () Discover Initials: _____