



OAKLAND COUNTY HEALTH DIVISION ENVIRONMENTAL HEALTH SERVICES

NEW OWNER/CHANGE OF USE/RE- OCCUPANCY REVIEW FORM

A Food Service License is not transferable from person to person. A sanitarian will review this application to determine if the existing licensed food service establishment (equipment, amount of refrigeration, hot water capacity, storage space, hand wash facilities, etc.) can accommodate the proposed use and menu.

Note that Plan Review may be required. A determination will be made after consultation and/or review of the establishment's file. An inspection may be required before you are allowed to open. You will be contacted by an Environmental Health sanitarian to schedule this inspection if needed. You may also need to contact your township and local building department for final approval. Plan Review will be required for any facilities that have been closed for over one year.

To prevent possible delays in the review process, all of the following items must be completed and compiled into a single package and submitted to this division.

Submittal of this application does not guarantee that you will be approved for licensure. You will be notified if the information is incomplete or does not satisfy the minimum sanitation requirements.

Please submit the following by mail or to health@oakgov.com.

- Completed Review Form (on back)
- Proposed Food & Beverage Menu
- Standard Operating Procedures
- Certified Manager Training Certificate (if available*)
- Manufacturer's Specification Sheets (for new equipment)
- Food Service License Application and Fee

*For new owners of existing establishments, a current food safety manager's certificate must be submitted to this Division within 90 days of opening. For establishments completing plan review, a certified manager must be on staff before receiving opening approval. The certified person(s) must be employed full-time at the establishment.

For more information, visit www.oakgov.com/health

Application Type:

New Owner

Change of Use

Re-Occupancy

Establishment Name:

Address, City, Zip:

Establishments Phone:

Establishment Email:

Prior Establishment Name:

Year Closed:

Owner/Applicant Name:

Phone #:

Email:

Owner/Applicant Mailing Address:

Type of Establishment:

Seating Capacity:

Proposed opening date:

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)

Yes

No

If yes, describe:

Describe any proposed menu, equipment, building or process changes or replacements (attach additional sheets if needed):

Signature:

Date:

Name and Title:

For Health Department Use

Plan Review Required? Yes No

Approved for licensure? Yes No

Additional Notes/Comments:

Reviewer:

Date: