Environmental Health Services

JACKSON COUNTY
Health & Human Services

Restaurant Change of Ownership Supplemental Application Form

New Facility Name: _____

Address: _____

Previous Facility 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

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: _____

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