



MARIN COUNTY ENVIRONMENTAL HEALTH SERVICES

3501 CIVIC CENTER DRIVE, ROOM 236, SAN RAFAEL, CA 94903

(415) 473-6907 EMAIL: marinehs@marincounty.org

CHANGE OF OWNER INSPECTION REQUEST

A change of ownership inspection is needed when you are considering the purchase of an existing restaurant or food facility. The California Retail Food Code (Cal Code) requires:

- Food facilities must have a valid permit to open.
- The permit is only issued if the facility meets the requirements of Cal Code.
- The new owner needs to get their own permit to operate the food facility and may NOT operate under the permit of the existing owner.

Name of Existing Food Facility: _____

Address: _____ **City:** _____

I understand Cal Code requirements. I am requesting an inspection of the food facility at the address above. The inspector will determine if the facility meets Cal Code and will advise me on any changes needed to bring the facility into compliance before a Permit to Operate can be issued.

I understand if I operate without a valid permit the business will be closed immediately by Environmental Health Services. _____ initial here

A complete menu, including beverages, needs to be included with this application.

Please check all that apply:

This facility is served by a private well. Yes No **OR** I do not know.

This facility is served by a septic system. Yes No **OR** I do not know.

NOTE: Our office will have your application reviewed by our Land Use Division if the business is served by a septic system and/or private well. Land Use review may add to the change of ownership letter response time.

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Please check one:

I am the current owner of this facility. I intend to become the owner of this facility.

Print Name: _____

Address, City, Zip: _____

Telephone: _____ **Email:** _____

Signature: _____ **Date:** _____

copy to Land Use Staff

FOR OFFICE USE ONLY:		
Fee paid _____	Payment Method # _____	Date Received _____