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SAN BERNARDINO COUNTY

Public Health
Environmental Health Services

APPLICATION FOR TRANSFER OF OWNERSHIP

THIS SECTION TO BE COMPLETED BY APPLICANT • HEALTH PERMITS ARE NOT TRANSFERABLE

FACILITY INFORMATION

First Date of Operation	Former Facility Name		
Facility Name		Facility Phone Number	
Facility Address	City	State	Zip

LEGAL OWNER INFORMATION

New Legal Owner	Email Address	Phone Number	
Mailing Address	City	State	Zip

BILLING INFORMATION

Last Name	First Name		
Billing Address	City	State	Zip

DESCRIBE ANY PROPOSED CHANGES AND/OR REPAIRS

FACILITY DETAILS

Yes	No		Yes	No	
☐	☐	Any changes or repairs to equipment, floors, walls, ceiling, storage areas or dining area? If yes, describe above	☐	☐	Are there any changes to the current menu/food sold?
☐	☐	Closed more than six (6) months?	☐	☐	Restroom(s)? How many?
☐	☐	Dedicated Mop/Janitorial sink?	☐	☐	Is there any sit down service?
☐	☐	Hand wash sink(s). How many? Location(s)			

Seating Capacity Square Footage Max Number of Employees per Shift

CHECK ALL THAT APPLY

Existing Equipment: ☐ 3-Compartment sink ☐ 2-Compartment sink ☐ Dish machine ☐ Prep sink drain board (produce sink)

Water heater type and rating ☐ Gas BTU **or** ☐ Electric Kw

Approved water source provided by ☐ Municipal Water **or** ☐ Onsite (Well) Connection

Waste water disposal provided by ☐ Public Sewer **or** ☐ Onsite Wastewater Treatment System (OWTS)

ALL FEES ARE DUE AND PAYABLE PRIOR TO FIRST DAY OF OPERATION.
MAKE CHECKS PAYABLE TO: SAN BERNARDINO COUNTY

Application and fee must be submitted prior to operation by any new owner. Failure to pay within 30 days of the first day of operation will result in the assessment of a delinquent fee.

I shall notify this agency in writing if I transfer ownership, discontinue operation or change billing address. Failure to do so may result in obligation to pay health services fees and additional penalties.

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT to establish and/or operate the above mentioned business, use, or services in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and the County of San Bernardino pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

I understand that any construction, alteration or repair, including but not limited to, equipment changes or alterations, a menu change or change in facility's method of operation requires EHS review and approval. **Initial** ____

Signature X	Date
Print Name	Title

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Fee:	FA Number:	Record ID:	PE Number:
Late Fee: ☐ Y ☐ N	Designated Employee:	Received By:	Date:
Check One: ☐ New ☐ Transfer ☐ Reactivate		Changes (please specify):	

☐ APPROVED FOR TRANSFER ☐ BILLABLE FIELD CONSULTATION REQUIRED ☐ TRANSFER DENIED

DEHS Reviewer: