

Detroit Health Department Environmental Health 100 Mack Ave, Room 311 Detroit, Michigan 48201 Phone 313 • 876 • 0135 Fax 313 • 877 • 9262 www.detroitmi.gov/health

Restaurant Change of Ownership Application

Please complete this application thoroughly. An inspector will review the application and supporting documents to determine if the existing restaurant (equipment, amount of refrigeration, hot water capacity, storage space, hand washing facilities, etc.) can accommodate the proposed new restaurant.

Note that a Plan Review may be required. A determination will be made after consultation and/or review of the establishment's file. You may also need to contact the City of Detroit Buildings, Safety, Engineering, and Environmental Department (BSEED) for approval to open.

An inspection will be required prior to opening. You will be contacted by an inspector to schedule this change of ownership inspection.

Prior to your approval to operate, you must submit:

 □ Proposed menu □ Standard Operating Procedures (SOP's) □ Food protection manager certificate(s) (ServSafe, Prometrics, or National Registry of Food Safety Professionals 				
	Allergen training certificate(s)	e, Promettics, or Nation	ial Registry of Food Safety Professionals)	
☐ License Application☐ License Fee (seating 0-50= \$425, 51-100= \$475, 101+= \$575)				
Restaurant &	Owner Information:			
Existing Restau	urant Name			
Proposed Resta	aurant Name			
Street Address		Detroit, MI	Zip Code	
New Owner Name		New Owner Phone		
New Owner E-mail		Proposed Open Date	Proposed Open Date	
Planned build	ding changes: (attach additional pages if nee	eded)		
Planned equi	pment changes: (attach additional pages if r	needed)		