



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • www.ehhd.org

### FOOD SERVICE ESTABLISHMENT OWNERSHIP TRANSFER SCREENING FORM

New Establishment Name: \_\_\_\_\_

Current or Previous Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_ Town: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**The Eastern Highlands Health District Sanitary Code Section - 4.3.a, states "In the case of transfer of ownership of an existing food service establishment to a new owner, the new owner shall submit an application for a license on forms provided by the District. The establishment shall be brought into compliance with this "Sanitary Code" and the Connecticut Public Health code by correcting all violations before a license to operate can be issued. The license is not transferable."**

To help us review your application for a new food service license, please complete this form and submit it along with a review fee of \$95.00, and the completed application forms and information listed below (forms attached).

1. Are you proposing any renovations or remodeling to the existing facility? YES\*/ NO  
If yes, please describe:
2. Are you proposing or planning to add or change any equipment? YES\*/ NO  
If yes, please describe:
3. Are you proposing any changes to the existing establishment menu? YES\*/ NO  
If yes, please describe:
4. Will you be changing the hours or days of operation? YES\*/ NO
5. Will you be adding any new seating (indoor or outdoor) at the establishment? YES\*/ NO

\* PLEASE NOTE: Certain changes to an existing food service establishment may require additional information for health district review and approval, which may include a Food Service Establishment Plan Review, a B100a Septic System Impact application, equipment specifications, etc. See instructions (page 2) on back of this form for more information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Required Forms and Information:**

- \_\_\_ Eastern Highlands Health District Food Service License Application (Fee required)
- \_\_\_ Food Service Establishment Ownership Transfer Screening Form (This form)
- \_\_\_ Proposed Menu (Include any seasonal, off-site, banquet menus and planned special items)
- \_\_\_ Health Code Agreement Checklist
- \_\_\_ Food Service Establishment Water System Registration Form (CT DPH form)
- \_\_\_ QFO Training Certificate (Required for Class 3 and 4 Establishments only)

*If you have any questions, please call the health district Mansfield office at (860) 429-3325 or email us at [ehhd@ehhd.org](mailto:ehhd@ehhd.org)*

## **EHHD - TRANSFER OF OWNERSHIP INSTRUCTIONS**

**When an existing licensed food service establishment changes ownership**, the new owner must apply for a new food service license from the health district. Our license application procedure requires the new owner to submit the following completed forms, information and applicable fees to the health district for review:

- **Eastern Highlands Health District Food Service License Application** (Fee required)
- **Food Service Establishment Ownership Transfer Screening Form** (This form)
- **Proposed Menu** (Including seasonal, off-site, banquet menus and planned special items)
- **Health Code Agreement Checklist**
- **Food Service Establishment Water System Registration Form** (CT DPH form)
- **QFO Training Certificate** (Required for Class 3 and 4 Establishments only)

This information will be reviewed to determine if the proposed establishment under new ownership will comply with the requirements of the Connecticut Public Health Code and the Eastern Highlands Health District Sanitary Code. **Additional information may be required** if any changes are proposed to the currently licensed operation. Additional requirements are explained below.

**If no changes are proposed to the currently licensed operation**, the most recent food service inspection reports for the establishment will be reviewed to identify any outstanding code violations that would need correction prior to license approval. We strongly recommend that you arrange a preliminary inspection of the facility with a health district sanitarian in order to help you identify all current code violations needing correction prior to opening.

Prior to the new license approval, the health district will inspect the establishment to verify that all code violations have been corrected and that the establishment is in compliance with your application and menu.

**If changes are proposed to the current establishment's menu**, please be aware that the new menu items may require different storage, preparation and handling equipment or facilities that require further changes to the establishment. Menu changes could require a change in establishment classification, or the need for new equipment and/or additional space for work or storage that would require detailed plans and a plan review application with fee to be submitted to the health district for review and approval.

**If changes are proposed to the current establishment's equipment**, specifications for the new equipment and plans showing the equipment location/layout will be required for review. Depending on the level of change proposed, detailed plans and a plan review application with fee may be required for review by the health district.

**If renovations or remodeling are proposed to the existing facility**, properly prepared plans and specifications for such remodeling or alteration, along a plan review application and fee, shall be submitted to the health district for review and approval.

For buildings served by on-site subsurface sewage disposal systems, **any proposed changes to the design flow of the business** that results in an increase in water use will require a B100a application and site plan review. Changes that may increase the design flow include increased hours of operation, increased indoor or outdoor seating, a change in establishment classification, or the addition of customer bathrooms. A B100a application is also required for any proposed building additions or accessory structures.

**To assist you in preparing a complete and accurate Food Service License application and expediting the review process, we recommend that you discuss your immediate and future plans, changes and goals for the establishment with the local health district sanitarian before submitting any paperwork.**

**FOR EHHD OFFICE USE ONLY**

Review Fee Paid \_\_\_\_\_ Date Received \_\_\_\_\_ Check \_\_\_\_\_ Receipt \_\_\_\_\_