



**FOOD SERVICE ESTABLISHMENT INFORMATION**

**1. REASON FOR INSPECTION**

- New Owner with Full Plan Review (using a previously licensed food facility)
- New Owner with Minimal Plan Review
- Change of Ownership on an Active License
- New Construction
- Field Evaluation
- New Owner on a Deleted License

**2. NAME OF ESTABLISHMENT** (doing business as) \_\_\_\_\_

**3. Establishment Address** \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

**4. In**  City / Village of \_\_\_\_\_  Township of \_\_\_\_\_

**5. PREVIOUS NAME OF ESTABLISHMENT (if applicable)** \_\_\_\_\_

**6. PROPOSED TYPE** of establishment: (please circle one)  
Serving Site Only; Bar Only; Take-Out Pizza Only; Ice Cream Only; Donut Shop; Bagel Shop; Coffee Shop; Concession; Full Service **Without** Alcohol; Bar With Small Food Menu; Fast Food; Catering; Ethnic Menu Without Alcohol; Full Service **With** Alcohol; Institutional Setting; Fine Dining; Mobile Unit; Special Transitory Food Unit

**7. OWNER'S NAME:** \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_

Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

**8. OWNERSHIP:**  Individual  Partnership  
 Corporation

**FOR NEW OWNERS/ CHANGE OF OWNERSHIPS:**

- 9. Is the establishment currently open for business?  YES  NO If no, when is the anticipated opening? \_\_\_\_\_  
If yes, is the establishment already operating under the new ownership?  YES  NO
- 10. Will the management and/or personnel change?  YES  NO
- 11. Will the type of menu change?  YES  NO
- 12. Is the kitchen equipment from the previous owner present and intact?  YES  NO
- 13. Are equipment changes in the establishment planned?  YES  NO  
If yes, briefly describe: \_\_\_\_\_
- 14. Are construction changes in the establishment planned?  YES  NO  
If yes, briefly describe: \_\_\_\_\_

*I hereby certify that all information provided in this application is true and complete.*

**15. APPLICANT'S NAME:** \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_

Address \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Amount Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Payment Type:  CC: \_\_\_\_\_

License Number: \_\_\_\_\_  Check/MO: \_\_\_\_\_  Cash

HEALTH DEPARTMENT REPRESENTATIVE \_\_\_\_\_

DATE OF INSPECTION \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

**Environmental Health**

## **Environmental Health**

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