



MARIN COUNTY ENVIRONMENTAL HEALTH SERVICES
3501 CIVIC CENTER DRIVE, ROOM 236, SAN RAFAEL, CA 94903
(415) 499-6907 FAX: (415) 507-4120

REQUEST FOR "CHANGE OF OWNER" INSPECTION FOR A RETAIL FOOD FACILITY

The California Retail Food Code (Cal Code) requires:

- A food facility shall not be open for business without a valid permit;
- A permit shall be issued only if the facility conforms to the requirements of Cal Code;
- Once issued, a permit is not transferable.

A facility open for business without a Permit to Operate is subject to immediate closure by Environmental Health Services.

Name of Existing Food Facility: _____

Address: _____ City: _____

I understand the Cal Code requirements listed above and request an inspection of the referenced food facility and address. The inspection conducted by Environmental Health Services (EHS) will determine if the facility conforms to Cal Code. Based on the information provided to the EHS inspector, she/he will attempt to advise the undersigned on changes and/or corrections that must be made to bring the proposed operation and facility into Cal Code conformance. An inspection will be made and a Permit to Operate will only be issued by EHS when it is determined that the facility and its method of operation is in conformance to Cal Code.

I am the current, permitted operator of this food facility.

It is my intent to become the new operator of this food facility.

Print Name: _____

Address, City, and Zip: _____

Telephone: _____ Email: _____

Signed: _____ Date: _____

Make check payable to: COUNTY OF MARIN

For Office Use Only:

Fee paid _____ Receipt # _____ Check # _____ Date rec'd _____ Initial _____