



NORTHEAST DISTRICT DEPARTMENT OF HEALTH

69 SOUTH MAIN STREET, UNIT 4, BROOKLYN, CT 06234

860-774-7350 / FAX 860-774-1308 [WWW.NDDH.ORG](http://WWW.NDDH.ORG)

**FOOD SERVICE ESTABLISHMENT SIMPLE TRANSFER OF OWNERSHIP FORM**

**1.) Eligibility Criteria:**

**You may apply for a Simple Transfer of Ownership if the answer to these five questions is NO.**  
*Please circle your answer*

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

**2.) If you answered NO to all of the above questions, please provide the following information.**

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

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

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

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

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

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3.) In addition to this Simple Transfer of Ownership Form you must also complete the Food Service Permit Application Form.**

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Simple Fee Paid \_\_\_\_\_ Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

*If you have any questions, please call the health district office at (860) 774-7350 or email us at [nddh.org](mailto:nddh.org).*

## **NDDH – OWNERSHIP CHANGE 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:

- **Northeast District Department of Health Food Service License Application** (Fee required)
- **Food Service Establishment Simple Transfer of Ownership Form** (This form)
- **Proposed Menu** (Including seasonal, off-site, banquet menus and planned special items)
- **Food Service Establishment Water System Registration Form** (CT DPH form)
- **QFO Training Certificate** (Required for Class 2, 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 Northeast District Department of Health Food Service Ordinance. **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 licensed 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 need 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 with 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.**