



# COUNTY OF YOLO

## Department of Community Services

### Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695

Phone: 530-666-8646 | Email: [ehhealth@yolocounty.org](mailto:ehhealth@yolocounty.org)

## FOOD FACILITY TRANSFER OF OWNERSHIP QUESTIONNAIRE

### 1. TO BE COMPLETED BY NEW OWNER

Date of Transfer: _____	Previous Food Facility Name: _____
New Food Facility Name: _____	
Food Facility Address: _____	City: _____ Zip: _____
Contact Person: _____	Phone #: _____
Email: _____	
Type of food served: _____	Menu: <input type="checkbox"/> Attached <input type="checkbox"/> <a href="#">Emailed</a>

### 2. SINKS

Type of sink	# of Sinks	Location of Sink (e.g., bathroom, kitchen)
3-Compartment Sink		
Janitor's Sink		
Food Preparation Sink		
Handwashing Sinks		

### 3. EQUIPMENT

Will you be making any changes to the equipment?  Yes  No

a. If YES, what equipment are you adding/removing? Be Specific: \_\_\_\_\_  
\_\_\_\_\_

### 4. FINISHES

Will you be making ANY changes (including paint) to the floors, walls, ceilings, or counters?  Yes  No

a. If YES, what changes are you making? Be specific: \_\_\_\_\_  
\_\_\_\_\_

### 5. WATER & SEWER

Are you hooked up to the City's water and sewer system?  Yes  No

I declare under penalty of perjury that to the best of my knowledge and belief, the information I have provided is true and accurate. I understand a Retail Food Facility Health Permit is issued to one owner for one location and is not transferable to another owner or location.

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

#### For Office Use Only

FA: \_\_\_\_\_ SR#: \_\_\_\_\_ EHS Assigned: \_\_\_\_\_ Onsite Inspection Required:  Yes  No

Fee Paid: \_\_\_\_\_ PE: 1707 Chk/CC: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Plan Check Required:  Yes  No