

LICENSE TRANSFER REQUEST

SECTION I: Food license transfer requirements and restrictions

- A license may be transferred upon the relocation of the RFE/FSO with an approved plan review for the new location.
- A license shall not be transferred more than once in a licensing period.
- In the case of the sale or disposition of a RFE/FSO, the license is non-transferred.
- Temporary RFE/FSO licenses are non-transferable
- **Ohio Revised Code Section 3717.26(B)** and **3717.46(B)** requires the person or government entity requesting a license transfer to be in compliance with the state food code.

SECTION II: Transfer/Relocation Information

<i>Facility Name</i>
<i>License Holder</i>
<i>License Number</i>

The undersigned requests that the Food Service Operation/Retail Food Establishment license be transferred in the following manner:

From

<i>Existing (Old) Facility Address</i>
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To

<i>New Facility Address</i>

SECTION III: Transfer Authorization

I hereby give my permission for the above facility's food license to be transferred to the new business location without any further payment of fee to the Cuyahoga County Board of Health.

Signature of License Holder or Authorized Representative

Date

PLEASE RETURN THE CURRENT FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT LICENSE WITH THIS FORM AND THE ATTACHED LICENSE APPLICATION

Application for a License to Conduct a: (check only one)

- Food Service Operation
 Retail Food Establishment

Instructions:

- 1 . Complete the applicable section. (Make any corrections if necessary.)
- 2 . Sign and date the application.
- 3 . Make a check or money order payable to:
- 4 . Return check and signed application **by** *:

**to: Cuyahoga County Board of Health
 Environmental Health Service Area
 5550 Venture Dr.
 Parma, OH 44130**

***There is a mandatory penalty fee of 25% of the renewal fee for operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).**

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by the Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address		E-mail	
City		State	ZIP
Phone # ()	Fax # ()	Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal	
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

Mailing address for annual renewal if different than above:

Name of parent company or owner		Phone # ()	
Address		E-mail	
City		State	ZIP

I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:

Signature	Date
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Licensors to complete below

Category TRANSFER			
License fee \$0.00	+ Late fee	+ State amount \$0.00	= total amount due \$0.00

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no.
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