LIVINGSTON COUNTY Health Department

2300 East Grand River Avenue, Suite 102
Howell, Michigan 48843-7578
www.lchd.org
(517) 546-9858

FOOD SERVICE ESTABLISHMENT SITE REVIEW APPLICATION

• Change of Ownership• Re-Occupancy • Equipment Addition • Change of Use

Food service establishments that have changed ownership but are keeping the **same menu** *or* have been closed and plan to be re-occupied by the **same business** are required to undergo a site review evaluation and inspection prior to opening. This application is also required for the addition of any major food service equipment item, including but not limited to refrigeration units, dish machine, or food/beverage self-service stations, etc. This form may also be required for equipment replacement if it is not replaced by like equipment (e.g., switching to a tankless water heater).

If there will be multiple equipment changes, a different restaurant concept, or a change to the layout or flow of the facility, then you must complete and submit a complete plan review application and worksheet and pay the appropriate full or partial plan review processing fee.

Application type:

Change of Owner	☐	Re-Occupancy	☐	Change of Equipment	☐	Change of Use	☐

Restaurant and owner information:

Existing restaurant name:

Proposed restaurant name:

Street address:

City: Zip:

New owner name: New owner phone:

New owner email: Proposed open date:

Prior to your approval to operate, you must submit:

- Proposed menu
- Standard Operating Procedures/SOPs
- Manufacturer specification sheets (for minor equipment changes/replacements only)
- Food manager certification
- Food service license and fee
- Fee and application for this change of ownership application

For reviewing agency use only:

Fee:	Check #
Date:	Receipt #
Plan Review #	Remarks:

Planned menu changes (attached additional pages as necessary):

Planned building changes (attach additional pages as necessary):

Planned equipment changes (attached additional as necessary):

To prevent possible delays in the review process, all the required items must be completed and compiled into a single packet and submitted to this department. Should you have any questions regarding plan submission requirements or opening procedures, feel free to contact us. Please submit the following to health@livgov.com, fax to (517) 546-9853, or mail to 2300 E. Grand River Ave., Suite102, Howell, Michigan 48843.

Note that other agencies such as Michigan Department of Agriculture and Rural Development (MDARD), Michigan Liquor Control Commission, or local municipalities may also require you to submit plans and obtain operating licenses and permits. Check with these agencies for specific requirements.

Refer to the following websites for more information:
https://milivcounty.gov/environmental-health/food-safety/
www.michigan.gov/mdard

I certify that the information submitted is accurate to the best of my knowledge.

Owner/Representative Signature: Date:

Name and Title (please print):