



Department of Health
Bureau of Environmental Health
J. Howard Beard Health Services Building
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To: Anne Arundel County Department of Health Housing & Food Protection Services

From: _____

Date: _____

**Facility
Name:** _____

**Facility
Address:** _____

Subject: Transfer of Ownership of a Food Service Facility

I, _____ (print name), have taken ownership of the above referenced food service facility. I **HAVE NOT** changed, added or removed any food equipment and **WILL NOT** change, add or remove any food equipment. Additionally, I will not make any renovations to the facility without submitting plans and obtaining approval from the Anne Arundel County Department of Health's Plan Review Program prior to any work being done.

Name of Owner (print)

Signature of Owner or Manager of Facility