



**TRANSFER OF OWNERSHIP OF A FOOD SERVICE FACILITY
NO EQUIPMENT CHANGES**

DATE: _____

FROM: _____

FACILITY
NAME: _____

FACILITY
ADDRESS: _____

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.

Signature of Owner, Manager or Responsible Party

Return form to: Anne Arundel County Department of Health
Bureau of Environmental Health
3 Harry S. Truman Parkway
Annapolis, Maryland 21401