



CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Environmental Health Division
131 Coventry Street
Hartford, Connecticut 06112
Telephone: (860) 757-4760 Fax: (860) 722-6677
www.hartford.gov



CHANGE OF OWNERSHIP (FOR EXISTING FOOD ESTABLISHMENTS ONLY)

Completion of this form is required when
The applicant desires to become a new owner of an existing food establishment.

It is the applicant's responsibility to ensure:

1. Plan review packet is submitted with Change of Ownership form.
2. A copy of the new menu is provided
3. If the existing food establishment is Class III or Class IV and the classification will not change, a copy of QFO Certificate, Alternate, and Training Documentation must be provided.
4. Copy of Lease/Title or Bill of Sale.
5. Proof of Tax ID number.

Date_____

Name of Applicant_____

Name & Address of New Owner_____

Name of Establishment_____

Name of New Establishment_____

Address of Establishment_____

Current Food Establishment Classification_____

FOR OFFICIAL USE ONLY

Food Establishment Classification_____

Sanitarian Signature_____