



Henry & Stark County Health Department

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www.henrystarkhealth.com

Public Health

Prevent. Promote. Protect.

Change of Ownership With Continual Business Operation

Current name of the facility: _____

Will the name change? NO YES New Name: _____

Address of facility: _____

Phone # of facility: _____ Facility email: _____

New owners name: _____

New owners mailing address: _____

New owners phone #: _____ New owner's email: _____

- Was the facility closed for any period of time before the change in ownership occurred?
NO YES -If yes, STOP: a plan review packet is required
- Will there be any changes in the facility such as: plumbing (fixtures, waterlines, drains etc.) being added or removed, adding additional equipment (freezers, prep coolers, hot holding units etc.), or structural changes to the kitchen?
NO YES -If yes, STOP: a plan review packet is required
- Will there be any changes to the menu or will the foods be handled or prepared in a different manner than previously done?
NO YES -If yes, STOP, a plan review packet is required

Please be advised that once a change of ownership has occurred, an inspection may be done within 30 days to ensure the facility is in compliance with the **current** Illinois Food Service Sanitation Code.

- If the facility is **NOT** in compliance with the current Code, deviations and omissions must be corrected immediately, such as: lack of a handsink in required areas, absence of a mopsink, removal of unnecessary equipment etc.
- All violations noted on the inspection report must be addressed and corrections must be made within the time frame specified or the permit may be suspended until corrections can be completed.

By signing below, you are indicating that there will be no major changes to the operation of the facility that would require a plan review to be completed:

Owner's Signature _____ Date _____