ADAMS COUNTY
HEALTH DEPARTMENT

RETAIL FOOD ESTABLISHMENT CHANGE OF OWNERSHIP PACKET

This form will be used by the Health Department for various review fees for retail food establishments as provided in statute 25-4-1601 to 1612, C.R.S.

ESTABLISHMENT PHYSICAL LOCATION DETAILS		
Name of Establishment (Trade Name/DBA):		
Location Street Address:		
City:	State:	Zip:
County:		
Facility Phone:	Facility Email:	
Facility Website:		
LEGAL OWNERSHIP DETAILS		
Legal Ownership Type: ☐ Corporation/LLC ☐ Partnership ☐ Individual (Sole Proprietor) ☐ Non-Profit ☐ Government		
Legal Owner Name (either Legal Organization Name **or** Individual (Sole Proprietor) First and Last Name):		
Owner Mailing Address:		
Owner Mailing Attention Line:		
City:	State:	Zip:
Owner Primary Phone:	Owner Primary Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	
CONTACT DETAILS		
Primary Contact Name:		
Phone:	Email:	
Send Invoices to this contact ☐	Send Licenses to this contact ☐	

LICENSING INFORMATION	
Name of Existing/Most Recent Establishment:	
Closure Date:	For mobile units, County license was issued in:
FACILITY DETAILS	
Date of Ownership Change:	
Expected Opening Date:	
Number of Seats Indoors:	Number of Seats Outdoors:
Days of Operation:	
Hours of Operation:	
Seasonal: YES ☐ NO ☐	Months of Operation:

1. Number of restrooms in the establishment: _____

2. Are there alterations or revisions to the establishment or equipment that require a building or construction permit by local building authorities? ☐ **Yes** ☐ **No**
   • If yes, provide information on the changes.

3. Will the menu be changing from that of the previous establishment? ☐ **Yes** ☐ **No**
   • If yes, provide a copy of the proposed menu(s) and, if available, a copy of the menu from the existing or most recent establishment.

4. Will equipment be added? ☐ **Yes** ☐ **No**
   • If yes, provide specification sheets for any new pieces of equipment. If specs cannot be obtained, please provide pictures of the equipment you intend to use.

5. Please indicate any additional changes being made to the establishment that have not been addressed above.

For the purposes of this form, the Adams County Health Department accepts your typed name, title and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form subjects the signatory to the same responsibilities as a hand-signed form. Per Section 18-8-306, C.R.S., it is a felony to submit false information to a state official.

_____ _____

Name & Title of Applicant (Please Print) Signature of Applicant

Change of Ownership Establishment Requirements

- The Establishment must have adequate equipment to maintain food temperatures.
- All hand sinks must be supplied with soap and disposable paper towels.
- All food must be obtained from approved sources that comply with the applicable laws relating to food and food labeling.
- Food must be protected from cross-contamination while stored, prepared, displayed, dispensed, packaged, or transported from all agents of public health significance.
- Ill employees must be excluded or restricted from the retail food establishment in accordance with 2-201.12 in the Colorado Retail Food Establishment Regulations.
- Employees must be knowledgeable in food safety, which includes but not limited to proper cooking and cooling of foods, when to wash hands, how to prevent food from bare hand contact, and practice good hygienic practices. The person in charge at the time of a health inspection must demonstrate active managerial control by being a Certified Food Protection Manager (CFPM) at most establishments.
- Provide a probe-type thermometer that is capable of reading both hot and cold temperatures and is calibrated and accurate to $\pm 2^{\circ}F$.
- Ensure that all necessary equipment is indirectly plumbed to the waste line (i.e., three- compartment sinks, coolers, ice machines, and food preparation sinks).
- A sign or poster notifying food employees to wash their hands is required to be provided and visible at all sinks food employee's use for hand washing.
- At least one service sink or curbed cleaning facility with a floor drain shall be used for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water or similar liquid wastes.
- Other requirements and further guidance for provisions of a retail food establishment please see the Colorado Retail Food Establishment Regulations (6 CCR 1010-2).