



Multnomah County Environmental Health



Restaurant Change of Ownership Supplemental Application Form

Public Health

Facility Name: _____ Facility #: _____
Address: _____ Zip Code: _____

Adding/changing seating for customers? [] Yes [] No
If yes, describe:

Adding/changing menu from previous operator? [] Yes [] No
If yes, describe:

Adding any cooking equipment? [] Yes [] No
If yes, describe:

Changing or removing any sinks? [] Yes [] No
If yes, describe:

Changing or removing any refrigeration? [] Yes [] No
If yes, describe:

Changing or removing any restroom facilities? [] Yes [] No
If yes, describe:

Adding or removing a prep/service area? [] Yes [] No
(i.e. new kitchen, bar, food preparation site)
If yes, describe:

Catering meals? [] Yes [] No

Office Use Only: Check database for following information:

Previous Name: _____ Seating Capacity _____

Any "Yes" answer above will require Plan Reviewer sign-off before license approval.

Plan Reviewer: _____ Date: _____