Food Facility Change in Ownership Questionnaire

Establishment Name: _____________________________________________________________

Address:______________________________________________________________________

Contact Person: _________________________________________________________________

Phone #: _____________________ Email: __________________________________________

The information below is required to determine if your facility will require additional review such as an Onsite Review or Plan Check Review. Please completely fill out each section. Not properly filling out this checklist could result in Yolo County Environmental Health requiring an Onsite Review.

Food

Type of food facility previously served: _____________________________________________
____________________________________________________________________________

Type of food facility will serve under new ownership: __________________________________
____________________________________________________________________________

Sinks

<table>
<thead>
<tr>
<th>Type of sink</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-compartment sink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Janitor’s sink</td>
<td></td>
<td></td>
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<tr>
<td>Food Preparation sink</td>
<td></td>
<td></td>
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<tr>
<td>Handwashing sink</td>
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</tbody>
</table>

How many handwashing sinks does the facility have and where are they located?
____________________________________________________________________________
____________________________________________________________________________

Equipment

Will you be making any changes to the equipment in the facility? ______________________

If yes, what changes will you be making? ____________________________________________
____________________________________________________________________________
____________________________________________________________________________

“Enhancing the quality of life for all of Yolo County”
**Finishes**
Will you be making any changes to the floors, walls, ceilings, or counters of the in the facility?
________________________________________________________________________
If yes, what changes are you making?__________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Addition comments/information**  
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Signature:** __________________________________________  **Date:** ________________