



County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

Environmental Health Division

292 West Beamer Street, Woodland, CA 95695

PHONE - (530) 666-8646 FAX - (530) 669-1448

April Meneghetti, REHS

Environmental Health Division Manager

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

Type of sink	Yes	No
3-compartment sink		
Janitor's sink		
Food Preparation sink		
Handwashing sink		

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:** _____

For office use only:

FA# _____ SR# _____ PE# _____ PR# _____