



**Public Health**  
Prevent. Promote. Protect.

**Peoria City/County  
Health Department**

Environmental Health

2116 N. Sheridan Rd.  
Peoria, Illinois 61604  
309/679-6161

[environmentalhealth@peoriacounty.org](mailto:environmentalhealth@peoriacounty.org)

[www.pcchd.org](http://www.pcchd.org)

## Instructions for Change of Ownership

These instructions shall only apply to establishments which are currently in active status and have a valid Food and Drink License or establishments that have been closed for five (5) business days or less. Additionally, these instructions shall only apply if there will be no change in menu, equipment, or procedures from the previously licensed operations.

If the current owner is still affiliated with the establishment in an ownership capacity (i.e. corporate officers or general partners); it will **not** be considered a Change of Ownership. However, a new license will be issued with the corrected Licensee.

If the establishment has not been in operation **OR** if major changes, such as type of food, type of operation, structure, equipment, or floor plan are intended, it will **not** be considered a Change of Ownership and a Plan Review Packet must be completed and submitted with a Plan Review Fee.

The following items must be submitted for review **ten (10) business days prior to** the Change of Ownership:

- Change of Ownership Application
- Peoria City/County Licensee Identification Form
- License Fee
- Menu
- Floor plan/equipment layout
- Septic inspection (if applicable)
- Water well inspection/sample (if applicable)

Once all items have been submitted and approved, an inspection must be completed to determine compliance with the Illinois Department of Public Health Food Service Sanitation Code and Chapter 10, Food Safety, of the Peoria County Code. If it is determined that changes to the establishment must be made in order to be in compliance with the Codes; a time frame for completion will be given. Be advised some changes may be required prior to start of operations under new ownership. If the changes are not completed in the time frame given, the Food and Drink License will be suspended until the changes are complete.

**The Change of Ownership is not considered complete until an inspection has been conducted and a new Food and Drink License has been issued. Anyone found to be operating without a valid Food and Drink License may be assessed a \$100.00 penalty fee.**



**Public Health**  
Prevent. Promote. Protect.

**Peoria City/County  
Health Department**

Health Protection Division  
Environmental Health

# Peoria City/County Health Department Change of Ownership Application

*The undersigned hereby makes application for a permit to operate a Food and/or Beverage Establishment and/or Retail Food Establishment in the County of Peoria.*

**Establishment:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ILLINOIS Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

**Is the establishment changing names?** .....  Yes..... No

If YES, What is the new name of the establishment? \_\_\_\_\_

**Licensee (owner):** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

**Send correspondence to:**       Establishment       Licensee (owner)

**Contact Person:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Manager:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Establishment:**

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Restaurant       | <input type="checkbox"/> Bar/Tavern              | <input type="checkbox"/> School   |
| <input type="checkbox"/> Retail           | <input type="checkbox"/> Bed & Breakfast         | <input type="checkbox"/> Daycare  |
| <input type="checkbox"/> Mobile           | <input type="checkbox"/> Long Term Care Facility | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Other _____             |                                   |

**Days and Hours of Operation:** \_\_\_\_\_

**Water Supply:**       Public       Semi-Private Well       Non-Community Well

**Sewage Disposal:**       Public       Private (Septic System)

**Does this establishment cater?** .....  Yes..... No

**Certified Food Manager** (Required for Category I and II) *List Additional Certificate Holders on Back*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***I understand that the establishment must be brought into compliance with Chapter 10, Food Safety of the Peoria County Code and the Illinois Department of Public Health Food Service Sanitation Code. Failure to make the required changes will result in the suspension of the Food and Drink License.***

***I affirm that the above information is true to the best of my knowledge and belief:***

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

