



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

**Peoria City/County  
Health Department**

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## Instructions for Change of Ownership

These instructions shall only apply to establishments that have a valid Annual Food Safety License (*see: Seasonal Food Safety License instructions below*) and are currently operating, or, have been closed for ten (10) business days or less.

Establishments with a valid Seasonal Food Safety License (operating 8 months or less per year) are eligible to apply for Change of Ownership if the establishment is currently operating, or, has been closed for ONLY the non-operational period between the usual operating season (not to exceed six months).

**If the Change of Ownership has already occurred and the establishment is found to be operating under new ownership without final approval from this Department, the establishment will be issued a penalty fee for operating without a license and all required COO paperwork, license/penalty fees, and a Final-Change of Ownership inspection must be completed within 24 hours. Additionally, these instructions shall only apply if there will be no change in menu, equipment, or procedures from the previously licensed operations.**

If the establishment has not been in operation (as outlined above) **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.

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.

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

- Change of Ownership Application
- Menu
- Floor Plan/Equipment Layout
- Septic Inspection (if applicable)
- Water Well Inspection/Samples (if applicable)
- Vomit & Diarrhea Cleanup Procedures
- Proof of Certified Food Protection Manager (All Cat I and II)
  - *All other employees must have received approved Food Handler Training – provide proof at 30 Day Inspection*
- Proof of Allergen Awareness Training for all required CFPMS
- License Fee

Once all items have been submitted and approved, an inspection must be completed to determine compliance with the Illinois Food 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 Safety License will be suspended until the changes are complete.

**The Change of Ownership is not considered complete until a final inspection has been conducted and a new Food Safety License has been issued. Anyone found to be operating without a valid Food Safety License may be assessed a \$200.00 penalty fee.**



**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.*

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**Expected date of Change of Ownership:**  
\_ / \_ / \_\_\_\_\_

**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:**

- Restaurant       Bar/Tavern       School       Retail
- Bed & Breakfast    Daycare       Mobile       Seasonal
- Long Term Care    Concession       Other \_\_\_\_\_

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

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

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

**Certified Food Protection Manager** (Required for all Category I and II establishments)

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

**Allergen Awareness Training** (All required CFPMS must have additional allergen training)

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 Food Code. Failure to make the required changes will result in the suspension of the Food Safety License.**

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

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

