



**TRANSFER OF OWNERSHIP OF A FOOD SERVICE FACILITY  
NO EQUIPMENT CHANGES**

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

FACILITY  
NAME: \_\_\_\_\_

FACILITY  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (Print Name), have taken ownership of the above referenced food service facility. I **HAVE NOT** changed, added or removed any food equipment and **WILL NOT** change, add or remove any food equipment. Additionally, I **WILL NOT** make any renovations to the facility without submitting plans and obtaining approval from the Anne Arundel County Department of Health's Plan Review Program prior to any work being done.

\_\_\_\_\_  
Signature of Owner, Manager or Responsible Party

Return form to: Anne Arundel County Department of Health  
Bureau of Environmental Health  
3 Harry S. Truman Parkway  
Annapolis, Maryland 21401