



Public Health
Prevent. Promote. Protect.
Trumbull County

Trumbull County Combined Health District

194 W. Main St.
Cortland, OH 44410

www.tchd.org

Frank J. Migliozi, MPH, REHS, Health Commissioner



APPLICATION TO TRANSFER
FOOD SERVICE/RETAIL FOOD ESTABLISHMENT LICENSE
YEAR _____

CURRENT OWNER INFORMATION:

NAME _____

ADDRESS _____

OPERATOR _____

PHONE _____

By signing below I give my consent to transfer the Food Service/Food Establishment License above. I realize that according to Section 3717.26 & 3717.46 of the Ohio Revised Code that no License shall be transferred without such consent, no more than once in a licensing period.

DATE _____ SIGNATURE _____

XX

NEW OWNER INFORMATION:

Effective date: ___/___/___

NAME _____

ADDRESS _____

OPERATOR _____

PHONE _____

By signing below I hereby certify that I am the operator of the Food Service/Retail Food Establishment indicated above, or an authorized representative. I accept full legal responsibility for this operation from this point forward.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

Application approved for License transfer as required by Section 3717.26 & 3717.46 of the Ohio Revised Code.

By _____ Date _____ Audit# _____ License# _____

Rev. August 17, 2015