



Public Health
Prevent. Promote. Protect.
Trumbull County

Trumbull County Combined Health District

176 Chestnut Ave NE

Warren, OH 44483

www.tchd.org

Frank J. Migliozi, MPH, REHS/RS, 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