KITSAP PUBLIC HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-728-2235

NOTIFICATION OF ESTABLISHMENT NAME CHANGE

Food Service Establishment Application

Submittal Date	Review Fee
	$0

FOOD SERVICE ESTABLISHMENT INFORMATION		
Current food establishment name		
Changing name to		
Establishment street address		
City	*State*	*Zip code*

ESTABLISHMENT OWNER INFORMATION		
First and last name		*Contact phone*
Mailing street address		
City	*State*	*Zip code*
Email address		

CERTIFICATION AND ACKNOWLEDGMENT

By signing this document, I certify that the above information is provided as true and accurate to the best of my knowledge. I understand that:

- ☐ An ownership change has not occurred.
- ☐ The exterior food establishment name sign matches the new name.
- ☐ Changes to the menu, equipment, or services must be reviewed and approved by the Health District; additional paperwork and fees may be required.

Owner name printed	*Owner signature*	*Date*