



CLOSURE LETTER

Request to Inactivate a Facility Health Permit

I, _____, no longer own or operate the facility
(Owner Name)
 known as _____ located at
(Business Name)
 _____.
(Business Address)
 Please inactivate my
 health permit effective _____.
(Date)

Documentation for Closure

- Proof of closure document shall be attached when submitting this notice.
 - Provide a copy of Government Issued Identification (State Driver's License or ID).
- Indicate what program closed (Restaurant, Retail Market, Bar, Deli, Pool, Spa, Camp, etc.):

- Mobile Food Facility Operation Only:
 Location of stored mobile food facilities not in operation: _____
 County where mobile food facilities will now operate: _____
- Facility is vacant
- Please provide the **New Owner information** if a change of ownership occurred:
 New Owner/Operator Name: _____
 New Business Name: _____
 New Owner/Operator Number: _____
 New Owner/Operator Address: _____

Account Receivables (Mailing Address of Current Owner):

Name: _____
 Address: _____ City: _____ ST: _____ Zip: _____
 Home/Cell Phone: () _____ Work Phone: () _____

I, the undersigned owner, operator, or agent, acknowledge that all pending fees associated with this facility or activity will be billed to the party identified as the Accounts Receivables on this form. I understand that the Annual Health Permit is non-transferable to a different owner/operator and upon change of ownership, or the closure of a business, I will notify this Division in writing within 10 business days before the change occurs.

 Owner/Operator Signature

 Date

 Print Owner/Operator Name

DIVISION USE ONLY

Verification of ID: Driver License California ID Matricula Consular de Mexico (**MFF only**)

Identification Number: _____ Verified by: _____