Print Form

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES

CHANGE ORDER

TO: BUREAU OF ENVIRONMENTAL HEALTH SERVICES		DATE:
FROM:	COUNTY CODE: 510.....ST. LOUIS (CITY)	TELEPHONE NUMBER

TYPE OF ESTABLISHMENT (PLEASE CHECK ONE)

- ☐ Lodging Establishment
- ☐ Frozen Desert Establishment
- ☐ Warehouse
- ☐ Food Processor
- ☐ Food Establishment (i.e., restaurant, school, grocery store)

STATUS CHANGE TO ESTABLISHMENT (PLEASE CHECK ALL THAT APPLY)

- ☐ Change in name
- ☐ Change in ownership
- ☐ Change in address
- ☐ Change in telephone number
- ☐ Change in number of units
- ☐ Change in months of operation
- ☐ New Establishment
- ☐ Close Establishment
- ☐ Reactivate Establishment

CHANGE IN NAME

PREVIOUS NAME	NEW NAME

CHANGE IN OWNERSHIP

PREVIOUS OWNER	NEW OWNER

CHANGE IN ADDRESS

PREVIOUS NUMBER AND STREET	NEW NUMBER AND STREET
PREVIOUS CITY AND STATE	NEW CITY AND STATE
PREVIOUS ZIP CODE	NEW ZIP CODE

CHANGE IN TELEPHONE NUMBER

PREVIOUS TELEPHONE NUMBER	NEW TELEPHONE NUMBER

CHANGE IN NUMBER OF UNITS

PREVIOUS NUMBER OF UNITS	NEW NUMBER OF UNITS
☐☐☐☐☐	☐☐☐☐☐

CHANGE IN MONTHS OF OPERATION

PREVIOUS MONTHS OF OPERATION	NEW MONTHS OF OPERATION
_____ **THROUGH** _____	_____ **THROUGH** _____

OWNER/OWNER'S AGENT SIGNATURE	DATE
X	

FOR CENTRAL OFFICE STAFF ONLY

ESTABLISHMENT NUMBER	CHANGED BY (INITIALS)	DATE
☐☐☐ ☐☐☐☐☐	X	