CHANGE OF OWNERSHIP/ OUT OF BUSINESS NOTICE



Environmental Health Division
Permits and Licensing Program
5050 Commerce Drive, Baldwin Park, CA 91706
www.publichealth.lacounty.gov/eh | (888) 700-9995

If you are no longer the owner of this business, please provide us with the information below and attach proof of business closure/sale.

The completed form may be mailed to the address above or emailed to <a href="mailed-em

| Date of Request: | | | | | | |
|---|-----------------------------|----------|------------------|----------------------|------|--|
| Refer to your invoi |): | | Record ID (PR#): | | | |
| Please check one of the following: | | | | | | |
| Business Sold (Attach Proof) | | | | | | |
| Date Business Sold: | | | | | | |
| Facility/Business Name: | | | | | | |
| Facility Add | Facility Address: | | City: | | Zip: | |
| New Owne | New Owner's Name | | | New Owner's Phone #: | | |
| New Owne | New Owner's Mailing Address | | | City: State: | | |
| ☐ Business Discontinued without New Ownership (Attach Proof of Closure) | | | | | | |
| Date Business Sold: | | | | | | |
| Phone #: | | | | | | |
| | | | | | | |
| Name | | Signatur | e | Date | | |
| OFFICE USE ONLY | | | | | | |
| Reviewed and verified by | (Print Name): | | Date: | | | |