



Center for Food Protection
ESTABLISHMENT NAME CHANGE FORM

PLEASE NOTE: ALL INFORMATION MUST BE COMPLETED

Date Submitted: - [ ] - [ ]

RI Department of Health License No.: [ ]

Ownership Type: [ ] Corporation [ ] Limited Liability Company [ ] Governmental Entity
(Please check one) [ ] Partnership [ ] Limited Partnership [ ] Sole Proprietorship

Ownership Name: [ ]

Current Facility Name on Health License: [ ]

Changing Facility Name on Health: License To: [ ]

SSN/EIN: [ ]

Facility Address: [ ]

City: [ ] State: [ ] ZIP Code: [ ]

Facility Telephone Number: [ ] Facility Fax Number: [ ]

Email Address: [ ]

Mailing Address: [ ]

City: [ ] State: [ ] ZIP Code: [ ]

Contact Person: [ ] Contact Number: [ ]

Indicate the Reason that You are Submitting this Form

Name Change: [ ] Address Change: (Mobile Food Service Only) [ ] Lost License: [ ]

If your address was changed and wish to have new license printed you must submit proof of name change, your old license card, and a money order in the amount of \$40.00, made payable to the "Rhode Island General Treasurer".

If you have lost your license, you must submit a money order in the amount of \$40.00, made payable to the "Rhode Island General Treasurer".

If you are submitting this form with a fee for a new license card, please mail them to: Rhode Island Department of Health, Center for Food Protection, Room 203, 3 Capitol Hill, Providence, RI 02908

Please allow 3-4 weeks for receipt of the new license card.