

TANEY COUNTY HEALTH DEPARTMENT

OWNERSHIP CHANGE APPLICATION

320 Rinehart Rd., Branson, MO 65616
 417-334-4544 EXT. 247
 417-336-9604 FAX



***This application may be used if the only change occurring is the ownership; all operations and staffing will remain the same. If any changes are being made, the new owner must complete a permit application for the corresponding establishment type. Applications may be found at taneycohealth.org.**

ESTABLISHMENT TYPE: FOOD POOL/SPA MASSAGE TATTOO CHILDCARE

Establishment Name: _____ Date: _____

Physical Address: _____

Establishment Phone: _____ Establishment Fax: _____

Establishment Email: _____

Owner Name: _____ Company Name: _____

Owner Phone: _____ Owner Email: _____

Owner/Company Address: _____

Billing Address : _____ Same as Owner

What is the square footage of the establishment? _____

Please list below the name and phone number for an authorized representative in the event the owner can not be reached.

Name: _____ Phone Number: _____

LODGING

Total Number of Rooms: _____ Number of Floors: _____

How many rooms will be used for nightly rentals? _____

How many rooms will be used for extended stay/long term rentals? _____

Will any rooms be removed from service for an extended period of time? Yes No Number of Rooms: _____

Out of service time frame: 1-3 months 3-6 months 6-12 months 12+ months**

**Any rooms out of service for more than 12 months must be approved for use before they can be occupied.

***By signing this application, I am confirming that all business operations will remain the same and the only change will be the ownership.**

Owner Name: _____

Date: _____