

## CHANGE OF OWNERSHIP ATTESTATION

### Facility Information

Address:

City/Zip:

### New Owner Information

Business Name:

Owner Name:

Owner Phone:

Owner Email:

### Previous Owner Information

Business Name:

Owner Name:

Owner Phone:

Owner Email:

### No Change Attestation – Initial All

No changes to the structure of the facility will occur with this change of ownership.

No changes in the licensed capacity of this facility will occur with this change of ownership.

No changes in licensed rooms will occur with this change of ownership.

### Declaration Statement

"I hereby attest the information provided in this form is accurate and complete to the best of my knowledge."

Signature: