



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
LODGING ESTABLISHMENT CHANGE ORDER

TO: BUREAU OF ENVIRONMENTAL HEALTH SERVICES (Lodging@health.mo.gov)		DATE:
FROM:	COUNTY CODE:	TELEPHONE NUMBER

STATUS CHANGE TO ESTABLISHMENT (PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/> Change in name	<input type="checkbox"/> New Establishment
<input type="checkbox"/> Change in ownership	<input type="checkbox"/> Close Establishment
<input type="checkbox"/> Change in address	<input type="checkbox"/> Reactivate Establishment
<input type="checkbox"/> Change in telephone number	<input type="checkbox"/> Change in number of units

FACILITY IDENTIFYING INFORMATION (MUST BE COMPLETED FOR ALL SUBMISSIONS)

NAME		
ADDRESS (Street, City, and Zip)		
OWNER		
TELEPHONE	NUMBER OF UNITS	ESTABLISHMENT LICENSE NUMBER _____ - _____

NEW INFORMATION OR CHANGES TO FACILITY INFORMATION

NAME	
ADDRESS (Street, City, and Zip)	
OWNER	
TELEPHONE	NUMBER OF UNITS

SUBMITTER'S NAME OR SIGNATURE	DATE

FOR CENTRAL OFFICE STAFF ONLY		
ESTABLISHMENT LICENSE NUMBER _____ - _____	CHANGED BY (INITIALS)	DATE