

## Request to Change Premises

(Submit this form **before** making any physical changes that could substantially alter the premises from the plans the Oregon Health Authority originally reviewed.)

The OHA must review this form and other information as stated in OAR333-008-2040(2). OHA will approve the changes if they would not result in an initial or renewal application denial under OAR333-008-1060 or OAR333-008-1670.

### Section 1 — Site information

MMD / MMPS number:	Business name (as registered by the secretary of state):		
Address of registered premises (street/suite number):			
City:	State:	ZIP:	County:
Phone number:	Contact email:		

### Section 2 — Proposed change to premises

Check all that apply:

- Increase or decrease in total physical size or capacity;
- Sealing off, creation or relocation of a common entryway, doorway, passage or other public entrances or exits where the change limits access to areas.
- Any physical change requiring installing additional video surveillance cameras or a change in the security system;

### Section 3 — Floor plan/sketch of entire premises

**You must attach with this request** a floor or plot plan sketch of the entire site that shows all enclosed areas at the proposed location with clear identification of walls, partitions, counters, windows, all entrances and exits, and limited access areas (per **OAR333-008-1040(6)(b)**)

Printed name of primary PRD/PRP or owner

Signature of primary PRD/PRP or owner (required)

Date