

**CHANGE OF OWNERSHIP REQUEST
FOOD SERVICE ESTABLISHMENT**

FOOD PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

Permits are non-transferrable from one owner to another.
Incomplete forms may be returned or rejected

FOOD SERVICE NAME AND LOCATION

NEW FACILITY NAME: _____

PREVIOUS FACILITY NAME: _____

NEW OWNER NAME: _____

FACILITY STREET: _____

CITY: _____ ZIP: _____

PERMIT NUMBER: PR _____

NEW OWNER MAILING INFORMATION *REQUIRED*

OWNER NAME*: _____

BUSINESS NAME: _____

ADDRESS*: _____

CITY*: _____ STATE*: _____ ZIP*: _____

EMAIL: _____

DAYTIME PHONE*: _____ - _____ - _____

Has there been a:		
Change in Menu?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change of Seating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change of Equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change in Layout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

When was the previous business closed?
<input type="checkbox"/> Less than 90 Days
<input type="checkbox"/> 90 Days to 1 Year
<input type="checkbox"/> 1 Year +
<input type="checkbox"/> Unknown

Notice: By submitting this form, you attest to the accuracy of the information and that you will comply with the food code.

SIGNATURE: _____

DATE: _____

New owner may begin operation, once payment has been received PROVIDED THAT no changes have been made in the facility (i.e. menu change, equipment, seating, layout etc.) and it has been less than 90 days since previous operations ended.

If a facility has been closed more than 90 days OR a facility's menu, seating, equipment, or layout has changed; you must obtain approval from a health inspector prior to operating.

Are you interested in having an interpreter for on-site visits? If yes, what language? _____

PAYMENT INFORMATION

See back of form for fee schedule and where to submit this application.

Complete if applicable:

Date opened _____ Permit Fee \$ _____

Seasonal operation: Late Fee \$ _____

Date of opening _____

Date of closing _____ Field Plan Review Fee \$ _____

Seating capacity (if seating is provided) _____ Seasonal Fee \$ _____

Total Due \$ _____

Check or Money Order, Payable to: **SKCDPH**

OFFICE USE ONLY

PR _____ FA _____ PE _____ PLAN REVIEW SR _____ VARIANCE SR _____

CHECK NUMBER _____ CREDIT CARD APPROVAL _____ DATE FACILITY OPENED ____ / ____ / ____

INSPECTOR NAME (print) _____ SIGNATURE _____ DATE ____ / ____ / ____

APPEND? REVERSED PREVIOUS OWNER CHARGE? PREVIOUS OWNER OUTSTANDING BALANCE? PRIOR OWNER LAST INVOICE # _____

PERMIT CATEGORY*	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$406	6702 - \$615	6703 - \$875
General Food Service- 13-50 seats	6711 - \$406	6712 - \$657	6713 - \$927
General Food Service- 51-150 seats	6721 - \$406	6722 - \$657	6723 - \$1,012
General Food Service- 151-250 seats	6731 - \$406	6732 - \$804	6733 - \$1,121
General Food Service- over 250 seats	6741 - \$416	6742 - \$878	6743 - \$1,237
Limited Food service- no permanent plumbing	6757 - \$406	NA	NA
Bakery- no seating	6751 - \$483	6752 - \$577	6753 - \$849
Bed and Breakfast	6761 - \$405	NA	NA
Grocery Store- no seating	6765 - \$396	6766 - \$734	NA
Caterer	6771 - \$526	6772 - \$684	6773 - \$849
Meat/Fish Market	NA	NA	6777 - \$883
Vending Machine	6775 - \$374		NA
Mobile Food Unit	6781 - \$554	6782 - \$887	6783 - \$1,143
Nonprofit Institution - unlimited seating *nonprofit organization but charges a fee for food	6735 - \$406	6736 - \$615	6737 - \$875
DFDO * nonprofit organization & distributes food free of charge to the needy	6746 - \$406	6747 - \$615	6748 - \$875
DFDO * active & exempt from billing	6846 - \$0	6847 - \$0	6848 - \$0
School Lunch Program	NA	6792 - \$617	NA

*An applicant for an annual food establishment permits who submits the application after September 30th shall pay one-half the applicable annual permit fee for the remainder of the permit year.

PLAN REVIEW FEES

New Construction	4 hour base fee (\$919.20) + \$229.80/hr after 4 hours
Remodel	3 hour base fee (\$689.40) + \$229.80/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$689.40) + \$229.80/hr after 3 hours
Resubmitted plan review-billable	\$229.80/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$459.60) + \$229.80/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$459.60 +\$229.80/hr after 2 hours

PRORATION SCHEDULE FOR SEASONAL FOOD ESTABLISHMENTS

“Seasonal food establishment” means a food establishment that routinely operates for less than twelve consecutive months each year.

Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

LATE FEES

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	\$25

MISCELLANEOUS FEES

Facility Name Change (with no other changes)	\$25
Request for variance	\$229.80/hr
Check returned by bank	\$35
Processing a refund	\$25
After hours inspection	Cost of service

Refund Policy

Permit fees may only be refunded if Public Health denies the permit application, the applicant withdraws the application before the permit is issued, the food establishment permit has been overpaid, or as otherwise provided in BOH 2.10.100. An administrative fee of \$25 is deducted from each refund (BOH 2.06.070).

MAKE CHECKS PAYABLE TO: SKCDPH
MAIL TO: Public Health – Seattle & King County
Environmental Health
401 - 5th Avenue, Suite 1100
Seattle, WA 98104

PHONE: 206-263-9566 / Hours: Mon, Wed, Friday 8 am
to 3 pm & Tues & Thurs 10:30 am to 3 pm