

Food Establishment permits are not transferrable between people or places. Additionally, all new owners must undergo a review of the menu, food processes, and physical facilities **before** Snohomish Health District will issue an annual operating permit. In an effort to avoid the need to stay closed until a complete review can be completed, establishments that meet the following criteria may choose to obtain a **conditional operating permit**, which is separate from the annual operating permit:

- No changes to menu
- No changes to processes
- No changes to equipment
- Is equipped with a 3-compartment sink
- No changes to commissary (if a mobile food unit)
- Is in continuous operation (not closed)
- No significant changes to the kitchen (i.e. no remodeling, changes to plumbing)



Establishments that meet all of the criteria above may undergo the following steps to avoid the need to remain closed until an inspection can be conducted:

1. Submit all items on the *Change of Ownership of Existing Food Establishment Checklist* and pay for your conditional operating permit. Once received, you may begin operating immediately.
2. Within 30 days, you will receive a change of ownership inspection to determine if your facility meets minimum equipment standards. You may be required to submit for plan review if during the change of ownership inspection it is determined that additional equipment is necessary for your operation.
3. Upon passing your change of ownership inspection, **you must purchase your annual operating permit**. An invoice for the permit will be emailed to the operator.

Establishments that do not meet all of the above criteria will not be granted a conditional operating permit. These establishments will need to remain closed until an inspection by Snohomish Health District has been conducted to ensure that the facility meets minimum equipment and food safety requirements. Please see our *Reopening a Former Food Service Establishment Packet*, available at www.snohd.org/Food/Starting-a-Food-Business.

For mobiles and food stand concessions, you will be required to provide copies of your commissary agreement letter and your restroom agreement letter upon your change of ownership inspection. Letter templates are provided in this packet. A restroom agreement letter is not required for mobiles that are at the sale site for less than 1 hour.

Facility name _____

To begin the process of changing ownership of an existing food service establishment, you must submit all the items on this list below. Incomplete submittals will not be accepted.

✓		ITEM	DESCRIPTION	Office Intake Use Only
	1	General Plan Review Application	Provide completed general plan review application.	
	2	Conditional Operating Permit Application	Provide completed conditional operating permit application.	
	3	Copy of Menu	Provide a detailed menu of all the food and beverages you will be serving or a list of food and beverages you will be selling. Include condiments, iced beverages and baked goods. Be sure to include menu specials and seasonal items. Only food and beverages listed may be served. All breakfast, dinner, lunch, bar/lounge, happy hour, kids, catering, and online menus must be submitted.	
	4	Photo of 3-compartment sink	Provide a picture of the 3-compartment sink for washing dishes. A 3-compartment sink is a minimum equipment requirement for washing, rinsing, and sanitizing dishes. An automatic dishwasher is not an adequate replacement for a 3-compartment sink. Some older facilities may not be equipped with a 3-compartment sink. In the case that no 3-compartment sink is present, you will be unable to apply for a Conditional Operating Permit, and instead be required to apply for plan review to receive approval to install a 3-compartment sink. Once approval is received, and the installation of the sink is completed, a pre-operational inspection will be conducted. Upon passing the pre-operational inspection, you may obtain an operating permit.	
	5	Commissary Agreement Letter (If applicable)	For mobile units and food stand concessions, provide a complete commissary agreement letter with a food service establishment permitted in Snohomish County. Hours of operation of the commissary must be the same as the mobile/food stand's hours of operation, or the operator of the mobile/food stand and his/her employees must have keyed access to the commissary.	
	6	Restroom Agreement Letter (If applicable)	For mobile units and food stand concessions, provide a complete restroom agreement letter. Restrooms must be located in a commercial building accessible to the public within 200 feet of the sale site, and be connected to water and sewer or an approved septic system. Does not apply to mobile units with sale sites less than one hour.	
	7	Fee	Include application fee.	

General Food Plan Review Application

Application must be completed <u>in full</u> and submitted <u>with fee</u> and the items listed for processing:				
Reviewed by _____ EHS Initials				
TYPE OF PLAN REVIEW (Check applicable box)				
<input type="checkbox"/> \$740 (PE 5672) General Plan Review		New food service establishment		
<input type="checkbox"/> \$1110 (PE 56AK) General Plan Review Expedited		Expedited New food service establishment Plan Review & Pre-Operational Inspection Fee		
<input type="checkbox"/> \$195 (PE 5670) Limited Grocery Plan Review		New Limited Grocery, Tap Room / Tasting Room		
<input type="checkbox"/> \$292.50 (PE 56AJ) Limited Grocery Plan Review		Expedited Plan Review & Pre-Operation Inspection Fee		
<input type="checkbox"/> \$740 Base fee plus \$195 for each add'l permit (PE 5676 & PE 5675)		New multiple permit food service establishment. Plan Review & Pre-Operational Inspection Fee		
<input type="checkbox"/> \$1110 Multiple Permit Facility General Plan Review Expedited plus \$195 for each add'l permit (PE 56AL & PE 5675)		Expedited New multiple permit food service establishment Plan Review & Pre-Operational Inspection Fee		
<input type="checkbox"/> \$390 (PE 5642) Change of Ownership Plan Review		Change of ownership conditional operating permit. Includes Preopening Inspection.		
<input type="checkbox"/> \$195 (PE 5685) Alteration to Existing Establishment or Revision of Approved Plan		Alteration to existing food service establishment or revision of approved plan. Includes Pre-Operational Inspection.		
<input type="checkbox"/> \$195 (PE 5677) Consultation Fee		Plan review consultation (On and/or off site)		
<input type="checkbox"/> \$390 (PE 5683) Variance plus lab fees		Variance with HACCP – when required by WAC for menu items		
ESTABLISHMENT INFORMATION			MAILING ADDRESS	
Name:			Name:	
Site Address:			Mailing Address:	
City:	ZIP:	City:	State:	ZIP:
OWNER INFORMATION				
Name:			Phone:	
Address:			E-mail Address:	
City:	State:		Zip:	
CONTACT INFORMATION (if different than owner)				
Name:			Phone:	
Address:			E-mail Address:	
City:	State:		Zip:	
OTHER INFORMATION				
Type of Food Service Establishment:				
Local Building Inspection Agency:				
Water District:	Water Supply (check one):	<input type="checkbox"/> Private Well <input type="checkbox"/> Public		
Sewer District:	Sewage Disposal (check one):	<input type="checkbox"/> Sewer <input type="checkbox"/> Onsite Sewage System		
<i>Inspection is based upon requirements of WAC 246-215; Rules & Regulations of the State Board of Health for Food Service Sanitation. Other agency approvals requisite to your operation may include County or City Planning, Building, Plumbing and Fire Departments, Water and Sewer Utilities.</i>				
<i>Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Food Code.</i>				
Signature:			Date:	
Print Name:				

Conditional Operating Permit Application

Date of ownership change: _____

Former establishment name (if changing): _____

Previous owner's name: _____

- | | | | |
|---|------------------------------|-----------------------------|---|
| Is facility currently open? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If no, must proceed as a Reopen and facility must remain closed. |
| Copy of menu submitted? (REQUIRED) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If no, application will NOT be accepted |
| Is a picture of your three-compartment warewashing sink provided? (REQUIRED) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If no, application will NOT be accepted |
| Will there be changes to kitchen and/or equipment? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

If yes, briefly describe changes: _____

By initialing the statements below, I understand:

- _____ This document constitutes as a *Conditional Operating Permit* which may be revoked by Snohomish Health District at any time without prior notification.
- _____ I must provide a completed and signed Commissary and Restroom Agreement to Snohomish Health District immediately upon request and must have copies available onsite **(if applicable)**.
- _____ My facility will be inspected by Snohomish Health District within 30 days.
- _____ A fee(s) will be charged if additional inspections are required.
- _____ Changes and/or improvements may be required.
- _____ All changes and/or improvements must be completed by the compliance date listed during my inspection.
- _____ My facility may be closed if changes and/or improvements are not completed by the date listed during my inspection.
- _____ I may need to make changes that were not required of the previous owner.
- _____ All changes to menu, equipment, and the building must be pre-approved in writing by Snohomish Health District.
- _____ I may be required to submit a remodel/plan revision plan review which has additional fees.
- _____ Upon the determination that my facility meets the requirements of the Washington State Retail Food Code, I will be required to pay for my *Annual Operating Permit*.

Print first and last name: _____

Owner/responsible party signature: _____ **Date:** _____

Provide copies of your menus. Include all food and beverages you will serve. If the facility is a grocery store serving only fruits, vegetables or commercially prepackaged food, a list of goods sold may be submitted in place of the menu. Be sure to include specials and seasonal items. **Only food and beverages listed may be served. Submit copies of all breakfast, dinner, lunch, bar/lounge, happy hour, kids, catering, and online menus, fresh sheets, table tops or menu boards.** If a menu board will be used, provide photographs of the menu showing all food and beverages listed. All menu items must be readable in photographs.

A **consumer advisory** is required for all food of animal origin that is offered raw, undercooked or cooked to the customer's specification. Be sure all menu items requiring a consumer advisory are clearly identified and remind the patron that consuming these foods may result in foodborne illness. Consumer Advisory information may be found at the [Washington State Department of Health](http://www.wa.gov/Health) website under Code Clarifications.

The menu, food preparation steps, and the mode of operation may be restricted to protect public health (WAC 246-215).

Sample Menu

AAA #1 Drive In

Breakfast

Pancakes	\$2.00
Eggs*, hash browns, bacon, toast	\$3.00
Oatmeal.....	\$2.00

Lunch

Ham sandwich	\$3.00
Pho soup*	\$3.00
Rib eye steak*	\$10.00

Dinner

Prime rib*.....	\$10.00
Shrimp pasta	\$10.00
Deluxe cheeseburger*	\$10.00
Chicken salad.....	\$10.00

Salads

Mixed greens.....	\$3.00
Romaine.....	\$3.00
Caesar*	\$3.00

Beverages

Fountain beverages	
Large.....	\$3.00
Medium	\$2.00
Small.....	\$1.00
Coffee	\$1.00
Tea.....	\$1.00

*These menu items are served raw, undercooked or cooked to your specification. Consuming raw or undercooked food may increase your risk of foodborne illness

Date: _____

Food Safety Program
Snohomish Health District
3020 Rucker Ave., Suite 104
Everett, WA 98201-3900

Restroom letter for: _____
(Name of Food Stand Concession or Mobile Food Vehicle)

I, _____ have an agreement with _____
(Owner name of Restroom facility) (Owner name of Food Stand/Mobile)

giving _____ and his/her employees the right to use the restrooms
(Name of Food Stand/Mobile)

at _____
(Name and address of Restroom facility)

The hours that I allow the restroom to be used are: _____

These hours are during my normal operating hours.

These hours are outside my normal operating hours. I have provided afterhours access.

This agreement begins _____ I am not responsible for any actions of _____
(Date) (Name of Food Stand/Mobile)

outside of my establishment and may terminate my agreement with _____
(Name of Food Stand/Mobile)

for _____
(Reason for termination of agreement)

I understand that Snohomish Health District has the right to inspect the restroom while the restroom is in operation.

I will notify Snohomish Health District at such time as the agreement is terminated.

Signed: _____ Date: _____
(Restroom Owner)

(Consult your attorney before signing any legal document)