

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. Plan review fees are non-refundable.

| ✓ |   | ITEM  | DESCRIPTION   | Office Intake Use Only |
|---|---|---|---|------------------------|
|   | 1 | General Plan Review Application             | <b>Provide completed general plan review application.</b>   |                        |
|   | 2 | Conditional Operating Permit Application    | <b>Provide completed conditional operating permit application.</b>  |                        |
|   | 3 | Copy of Menu                                | <b>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.</b> Include condiments, iced beverages and baked goods. Be sure to include menu specials and seasonal items. Only food and beverages listed may be served. <b>All breakfast, dinner, lunch, bar/lounge, happy hour, kids, catering, and online menus must be submitted.</b> |                        |
|   | 4 | Commissary Agreement Letter (If applicable) | <b>For mobile units and food stand concessions, provide a complete commissary agreement letter with a food service establishment permitted in Snohomish County.</b> 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.                             |                        |
|   | 5 | Restroom Agreement Letter (If applicable)   | <b>For mobile units and food stand concessions, provide a complete restroom agreement letter.</b> 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.   |                        |
|   | 6 | Fee   | <b>Include application fee.</b>   |                        |

## General Food Plan Review Application

**Application must be completed in full and submitted with fee and the items listed for processing:**

Reviewed by \_\_\_\_\_ EHS Initials

**TYPE OF PLAN REVIEW (Check applicable box)**

|  |   |
|--|---|
| <input type="checkbox"/> \$800 (PE 5672) General Plan Review   | New food service establishment Plan Review & Pre-Operational Inspection Fee.  |
| <input type="checkbox"/> \$1200 (PE 56AK) General Plan Review Expedited                                    | <b>Expedited</b> New food service establishment Plan Review & Pre-Operational Inspection Fee                                      |
| <input type="checkbox"/> \$200 (PE 5675) Multiple Permit Facility  | Each Additional Permit (In addition to PE 5672 or PE 56AK)  |
| <input type="checkbox"/> \$200 (PE 5670) Tap Room / Tasting Room   | Tap Room / Tasting Room   |
| <input type="checkbox"/> \$300 (PE 56AJ) Tap Room / Tasting Room Expedited                                 | <b>Expedited</b> Plan Review & Pre-Operation Inspection Fee   |
| <input type="checkbox"/> \$400 (PE 5642) Change of Ownership   | Change of ownership conditional operating permit. Charged with the addition or subtraction of owner name or change in UBI Number. |
| <input type="checkbox"/> \$200 (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"/> \$200 (PE 5677) Consultation Fee  | Plan review consultation (On and/or off site)   |
| <input type="checkbox"/> \$1600 (PE 5683) Variance <b>plus</b> lab fees                                    | Variance with HACCP – when required by WAC for menu items   |
| <input type="checkbox"/> \$200 (PE 56AM) Variance w/o HACCP Review   | Variance without HACCP review   |

**ESTABLISHMENT INFORMATION**

Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MAILING ADDRESS**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 |

*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.*

*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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Change of Ownership/Conditional Operating Permit

|  |   |                             |   |
|--|---|-----------------------------|---|
| Copy given (initial):  |   | Date:                       |   |
| 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, you must submit as a New Establishment and must remain closed.                                       |
| Copy of menu submitted:"   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No | If no, see statement below, completed and signed agreements must be submitted to Snohomish Health District. |
| Will there be changes to kitchen and/or equipment?   |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes, briefly describe changes:  |   |                             |   |
|  |   |                             |   |
| <b>Please initial each statement below indicating you have read and understand them:</b>   |   |                             |   |
|  |   |                             |   |
|  | I understand this document constitutes as a <i>Conditional Operating Permit</i> which may be revoked by Snohomish Health District at any time without prior notification. The permit will expire after 90 days. |                             |   |
|  | I understand I must provide a completed and signed Commissary and Restroom Agreement to Snohomish Health District immediately upon request and must have copies available onsite ( <b>If applicable</b> ).      |                             |   |
|  | I understand my facility will be inspected by Snohomish Health District within 30 days. I understand that a fee(s) will be charged if additional inspections are required.                                      |                             |   |
|  | I understand that changes and/or improvements may be required.  |                             |   |
|  | I understand that all changes and/or improvements must be completed by the compliance date listed during my inspection.   |                             |   |
|  | I understand that my facility may be closed if changes and/or improvements are not completed by the date listed during my inspection or the <i>Conditional Operating Permit</i> expires.                        |                             |   |
|  | I understand that I may need to make changes that were not required of the previous owner.  |                             |   |
|  | I understand that all changes to menu, equipment, and the building must be pre-approved in writing by Snohomish Health District.  |                             |   |
|  | I understand that I may be required to submit a remodel/plan revision plan review which has additional fees.  |                             |   |
|  |   |                             |   |
| <b>Print first and last name:</b>  |   |                             |   |
| <b>Owner/responsible party signature:</b>  |   |                             | <b>Date:</b>  |
| <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> |   |                             |   |

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**Environmental Health Division**

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250

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

I own **both** the business requiring and the business providing commissary services.

This agreement between the commissary owner and the vendor signifies that both parties agree to the vendor's **access to and use of** the services identified below. Snohomish Health District (SHD) will not recognize any transfer of this agreement to food service facilities or persons not specifically identified in this agreement.

Food Service Establishment (FSE) requiring commissary support to qualify for a Permit to Operate

Name of FSE: \_\_\_\_\_  
 Vendor (FSE owner): \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Business days & hours: \_\_\_\_\_

**The following services will be provided by the commissary:**

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| Approved water supply                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Handwashing sink                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Approved waste water disposal           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Food preparation sink for vegetables | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Garbage disposal                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Food preparation sink for raw meats  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dry storage for food and single service | <input type="checkbox"/> Yes <input type="checkbox"/> No | Approved 3-compartment sink          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Refrigeration space _____ cubic feet    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Approved restroom                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Freezer space _____ cubic feet          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Entrance key for after-hours access  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ice in pounds per day _____ lbs.        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                      |  |

*I verify the information provided in this agreement is accurate and we are responsible to comply with the Washington State Food Code (WAC246-215) and will allow access for inspection during business hours for either business.*

Commissary name: \_\_\_\_\_  
 Commissary address: \_\_\_\_\_  
 Business hours: \_\_\_\_\_  
 Commissary owner's name: \_\_\_\_\_  
 Commissary Phone: \_\_\_\_\_

\_\_\_\_\_  
*Printed name of Commissary Owner*                      *Signature of Commissary Owner*                      *Date*

\_\_\_\_\_  
*Printed name of Food Service Establishment Owner*                      *Signature of Food Service Establishment Owner*                      *Date*

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)***