

**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 _____	Field Plan Review Fee	\$ _____
Date of closing _____	Seasonal Fee	\$ _____
Seating capacity (if seating is provided) _____	Total Due	\$ _____

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

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 # _____

Food Establishment Categories and Permit Fees 2017

PERMIT CATEGORY*

	Effective 1/1/17 - 12/31/17		
	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$380	6702 - \$576	6703 - \$819
General Food Service- 13-50 seats	6711 - \$380	6712 - \$615	6713 - \$868
General Food Service- 51-150 seats	6721 - \$380	6722 - \$615	6723 - \$947
General Food Service- 151-250 seats	6731 - \$380	6732 - \$753	6733 - \$1,049
General Food Service- over 250 seats	6741 - \$390	6742 - \$822	6743 - \$1,158
Limited Food service- no permanent plumbing	6757 - \$380	NA	NA
Bakery- no seating	6751 - \$452	6752 - \$540	6753 - \$795
Bed and Breakfast	6761 - \$379	NA	NA
Grocery Store- no seating	6765 - \$371	6766 - \$687	NA
Caterer	6771 - \$493	6772 - \$640	6773 - \$795
Meat/Fish Market	NA	NA	6777 - \$827
Vending Machine	6775 - \$350	NA	NA
Mobile Food Unit	6781 - \$519	6782 - \$830	6783 - \$1,070
Nonprofit Institution - unlimited seating, 501 (C)(3) status, Washington State Commission for the blind status, or municipal jail.	6735 - \$380	6736 - \$576	6737 - \$819
School Lunch Program	NA	6792 - \$578	NA

***An applicant for an annual food establishment permit application submitted who submits the application after September 30 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 (\$860) + \$215/hr after 4 hours
Remodel	3 hour base fee (\$645) + \$215/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$645) + \$215/hr after 3 hours
Resubmitted plan review-billable	\$215/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$430) + \$215/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$430 +\$215/hr after 2 hours

SEASONAL FOOD ESTABLISHMENTS FEES

"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	\$215/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).

<p>MAKE CHECKS PAYABLE TO: PHSKC MAIL TO: Public Health – Seattle & King County Downtown Environmental Health 401 - 5th Avenue, Suite 1100 Seattle, WA 98104</p>	<p>PHONE: 206-263-9566 WEBSITE: www.kingcounty.gov/health/foodsafety</p>
---	---