

**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: **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 # _____

Effective 1/1/19 – 12/31/19

Food Establishment Categories and Permit Fees 2019

PERMIT CATEGORY*	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$392	6702 - \$595	6703 - \$846
General Food Service- 13-50 seats	6711 - \$392	6712 - \$635	6713 - \$896
General Food Service- 51-150 seats	6721 - \$392	6722 - \$635	6723 - \$978
General Food Service- 151-250 seats	6731 - \$392	6732 - \$778	6733 - \$1,083
General Food Service- over 250 seats	6741 - \$403	6742 - \$849	6743 - \$1,196
Limited Food service- no permanent plumbing	6757 - \$392	NA	NA
Bakery- no seating	6751 - \$467	6752 - \$558	6753 - \$821
Bed and Breakfast	6761 - \$391	NA	NA
Grocery Store- no seating	6765 - \$383	6766 - \$709	NA
Caterer	6771 - \$509	6772 - \$661	6773 - \$821
Meat/Fish Market	NA	NA	6777 - \$854
Vending Machine	6775 - \$361	NA	NA
Mobile Food Unit	6781 - \$536	6782 - \$857	6783 - \$1,105
Nonprofit Institution - unlimited seating	6735 - \$392	6736 - \$595	6737 - \$846
School Lunch Program	NA	6792 - \$597	NA

*An applicant for an annual food establishment permit 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 (\$888) + \$222/hr after 4 hours
Remodel	3 hour base fee (\$666) + \$222/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$666) + \$222/hr after 3 hours
Resubmitted plan review-billable	\$222/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$444) + \$222/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$444 + \$222/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

Duplicate permit	\$25
Facility Name Change (with no other changes)	\$25
Request for variance	\$222/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
Downtown Environmental Health
401 - 5th Avenue, Suite 1100
Seattle, WA 98104

PERMITS AND LICENSES PHONE: 206-263-9566 Fax- 206-296-0189
WEBSITE: <http://www.kingcounty.gov/health/foodsafety>
