

**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 & refund policy.		
Complete if applicable:	Permit Fee	\$ _____
New Operation: Date Opening _____	Late Fee	\$ _____
Seasonal Operation:	Field Plan Review Fee	\$ _____
Date of Opening _____	Seasonal Fee	\$ _____
Date of Closing _____		
Seating Capacity (if seating is provided) _____	Total Due	\$ _____
MAKE CHECKS PAYABLE TO: PHSKC		
WEBSITE: kingcounty.gov/FoodSafety		
DOWNTOWN 401 5 th Avenue, 11 th Floor Seattle, WA 98104 206-263-9566		EASTGATE 14350 SE Eastgate Way Bellevue, WA 98007 206-477-8050

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	Classification/Fee	Classification/Fee
	Risk 1	Risk 2	Risk 3
General Food service- 0-12 seats	6701 - \$425	6702 - \$668	6703 - \$911
General Food Service- 13-50 seats	6711 - \$425	6712 - \$729	6713 - \$972
General Food Service- 51-150 seats	6721 - \$425	6722 - \$729	6723 - \$1,094
General Food Service- 151-250 seats	6731 - \$425	6732 - \$851	6733 - \$1,215
General Food Service- over 250 seats	6741 - \$425	6742 - \$911	6743 - \$1,337
Limited Food service- no permanent plumbing	6757 - \$425	NA	NA
Bakery- no seating	6751 - \$547	6752 - \$608	6753 - \$911
Bed and Breakfast	6761 - \$425	NA	NA
Grocery Store- no seating	6765 - \$425	6766 - \$790	NA
Caterer	6771 - \$547	6772 - \$729	6773 - \$911
Meat/Fish Market	NA	NA	6777 - \$911
Vending Machine	6775 - \$425	NA	NA
Mobile Food Unit	6781 - \$608	6782 - \$972	6783 - \$1,215
Nonprofit Institution - unlimited seating *nonprofit organization but charges a fee for food	6735 - \$425	6736 - \$668	6737 - \$911
DFDO * nonprofit organization & distributes food free of charge to the needy	6746 - \$425	6747 - \$668	6748 - \$911
DFDO * active & exempt from billing	6846 - \$0	6847 - \$0	6848 - \$0
School Lunch Program	NA	6792 - \$668	NA
Commercial Commissary Kitchen	6784 - \$425	NA	NA
Commissary Kitchen – exempt from billing	6785 - \$0	NA	NA

PRORATION SCHEDULES

FOR PERMANENT FOOD ESTABLISHMENTS

Starting operation:

On or after April 1 but before July 1	100% of annual permit fee
On or after July 1 but before October 1	75% of annual permit fee
On or after October 1 but before January 1	50% of annual permit fee
On or after January 1 but before April 1	25% of annual permit fee

FOR SEASONAL FOOD ESTABLISHMENTS

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

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

PLAN REVIEW FEES

New Construction	4 hour base fee (\$972) + \$243/hr after 4 hours
Remodel	3 hour base fee (\$729) + \$243/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$729) + \$243/hr after 3 hours
Resubmitted plan review-billable	\$243/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$486) + \$243/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$486 + \$243/hr after 2 hours

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
Commissary Change (caterers and mobiles)	\$25
Processing a refund	\$25
Check returned by bank	\$35
Request for variance and/or HACCP review	\$243/hr
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).