

Closure Statement



If your food establishment is or will be closed or sold, complete and submit this form to food@tpchd.org or 3629 S. D St. MS 1059, Tacoma, WA 98418.

Questions?
Email food@tpchd.org or call
(253) 649-1417 and press 0.

Food Establishment _____

Address _____

City _____ State _____ Zip _____

Is the food establishment currently closed? ☐ Yes ☐ No Last day of operation _____

Do you plan to reopen in the next 30 days using the same Unified Business Identifier (UBI) number? ☐ Yes ☐ No

Has the food establishment been sold to a new owner? ☐ Yes ☐ No

New Owner Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Will you remove any equipment from the food establishment? ☐ Yes ☐ No

Equipment Removed _____

Your account cannot be closed until you have paid all outstanding balances. To pay outstanding balances:

- Go to www.tpchd.org/payonline and pay with Visa, MasterCard or Discover.
- Mail a business check or money order to Tacoma-Pierce County Health Department, 3629 S. D St., Tacoma, WA 98418.
- Bring cash, business check, money order, Visa or MasterCard to 3629 S. D St. in Tacoma, Monday through Friday, 8 a.m.-4:30 p.m. (excluding holidays).

As of _____, I will no longer operate _____
Date Name of food establishment

I understand that if I am found operating after this date, I will be required to submit plan review and pay associated fees and late fees.

Name (please print) Signature Date

Phone Email

HEALTH DEPARTMENT USE ONLY

GeoSearch _____ FA _____ Permit # _____ Balance _____

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.