Change of Ownership Application

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

VALIDATION

Change of Ownership Date _____

Opening Date _____

Facility

Current Facility Name _____

New Facility Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Parcel Number _____

Will you change the menu or floor plan? ☐ Yes ☐ No

Facilities that are operating as approved must submit an application with an application fee. A change of ownership inspection fee, and permit fee are required for **each permit**. Facilities that will close while making changes, are required to pay an application fee and submit a plan review application. Facilities that submit a plan review application within 5 business days of their change of ownership will receive a credit from their change of ownership application fee on their account.

Commissary (if applicable) The commissary kitchen you will use must have an active commissary permit before your application may be accepted

Address _____

City _____ State _____ Zip _____

Are you the owner of the commissary? ☐ No ☐ Yes

Owner Double check your UBI. A change in UBI requires a new application, permit and fees.

Corporation Name _____

Individual Name(s) _____

UBI Number _____ Enclose copy of business license

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Do you own other food establishments in Pierce County? ☐ No ☐ Yes, list below

_____

Send operating permits, invoices, and correspondence to: ☐ Owner ☐ Facility

HEALTH DEPARTMENT USE ONLY

Consult by: _____ Date: _____ Current Facility ID: _____

Provided: ☐ Current approval letter ☐ Floor plan ☐ Equipment list ☐ Menu ☐ Plan review application packet

Plan Review Required: ☐ Yes ☐ No **Release Permit:** ☐ Yes ☐ No

Application Fee (1117): ☐ **Inspection Fee (1180; for each permit)**: ☐ **Permit Fee**: ☐ **Permit Codes**: _____

Notes: _____

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

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Permit _____

Hours of Operation

☐ Open 24 hours every day

Sun _____ to _____

Mon _____ to _____

Tue _____ to _____

Wed _____ to _____

Thu _____ to _____

Fri _____ to _____

Sat _____ to _____

☐ Annual

☐ Seasonal

Permit _____

Hours of Operation

☐ Open 24 hours every day

Sun _____ to _____

Mon _____ to _____

Tue _____ to _____

Wed _____ to _____

Thu _____ to _____

Fri _____ to _____

Sat _____ to _____

☐ Annual

☐ Seasonal

If seasonal, dates of operation _____

Initial next to each statement below to indicate you have read and understand.

_____ My facility will be inspected by Tacoma-Pierce County Health Department.

_____ I may need to make changes or improvements.

_____ I must complete all changes or improvements by the date listed during my inspection.

_____ My facility may be closed if changes or improvements are not made by the date listed.

_____ I may need to make changes that were not required of the previous owner.

_____ Any menu or equipment changes must be approved in writing by Tacoma-Pierce County Health Department.

_____ Smoking is not allowed in my facility, including offices, break rooms and beer gardens.

_____ My permit must be renewed by Feb. 1 of each year, or late fees will be assessed.

Owner First and Last Name (please print) _____

Owner or Representative Signature _____ Date _____

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