

Food Establishment permits are not transferrable between people or places. Additionally, all new owners must undergo a review of the menu, food processes, and physical facilities **before** Snohomish Health District will issue an annual operating permit. In an effort to avoid the need to stay closed until a complete review can be completed, establishments that meet the following criteria may choose to obtain a **conditional operating permit**, which is separate from the annual operating permit:

- No changes to menu
- No changes to processes
- No changes to equipment
- Is equipped with a 3-compartment sink
- No changes to commissary (if a mobile food unit)
- Is in continuous operation (not closed)
- No significant changes to the kitchen (i.e. no remodeling, changes to plumbing)



Establishments that meet all of the criteria above may undergo the following steps to avoid the need to remain closed until an inspection can be conducted:

1. Submit all items on the *Change of Ownership of Existing Food Establishment Checklist* and pay for your conditional operating permit. Once received, you may begin operating immediately.
2. Within 30 days, you will receive a change of ownership inspection to determine if your facility meets minimum equipment standards. You may be required to submit for plan review if during the change of ownership inspection it is determined that additional equipment is necessary for your operation.
3. Upon passing your change of ownership inspection, **you must purchase your annual operating permit**. An invoice for the permit will be emailed to the operator.

Establishments that do not meet all of the above criteria will not be granted a conditional operating permit. These establishments will need to remain closed until an inspection by Snohomish Health District has been conducted to ensure that the facility meets minimum equipment and food safety requirements. Please see our *Reopening a Former Food Service Establishment Packet*, available at www.snohd.org/Food/Starting-a-Food-Business.

For mobiles and food stand concessions, you will be required to provide copies of your commissary agreement letter and your restroom agreement letter upon your change of ownership inspection. Letter templates are provided in this packet. A restroom agreement letter is not required for mobiles that are at the sale site for less than 1 hour.

Facility name _____

To begin the process of changing ownership of an existing food service establishment, you must submit all the items on this list below. Incomplete submittals will not be accepted.

| ✓ | | ITEM | DESCRIPTION | Office Intake Use Only |
|---|---|--|---|------------------------|
| | 1 | General Plan Review Application | Provide completed general plan review application. | |
| | 2 | Conditional Operating Permit Application | Provide completed conditional operating permit application. | |
| | 3 | Copy of Menu | Provide a detailed menu of all the food and beverages you will be serving or a list of food and beverages you will be selling. Include condiments, iced beverages and baked goods. Be sure to include menu specials and seasonal items. Only food and beverages listed may be served. All breakfast, dinner, lunch, bar/lounge, happy hour, kids, catering, and online menus must be submitted. | |
| | 4 | Photo of 3-compartment sink | Provide a picture of the 3-compartment sink for washing dishes. A 3-compartment sink is a minimum equipment requirement for washing, rinsing, and sanitizing dishes. An automatic dishwasher is not an adequate replacement for a 3-compartment sink. Some older facilities may not be equipped with a 3-compartment sink. In the case that no 3-compartment sink is present, you will be unable to apply for a Conditional Operating Permit, and instead be required to apply for plan review to receive approval to install a 3-compartment sink. Once approval is received, and the installation of the sink is completed, a pre-operational inspection will be conducted. Upon passing the pre-operational inspection, you may obtain an operating permit. | |
| | 5 | Commissary Agreement Letter (If applicable) | For mobile units and food stand concessions, provide a complete commissary agreement letter with a food service establishment permitted in Snohomish County. Hours of operation of the commissary must be the same as the mobile/food stand's hours of operation, or the operator of the mobile/food stand and his/her employees must have keyed access to the commissary. | |
| | 6 | Restroom Agreement Letter (If applicable) | For mobile units and food stand concessions, provide a complete restroom agreement letter. Restrooms must be located in a commercial building accessible to the public within 200 feet of the sale site, and be connected to water and sewer or an approved septic system. Does not apply to mobile units with sale sites less than one hour. | |
| | 7 | Fee | Include application fee. | |

| | | | | |
|--|---|---|---|------|
| Application must be completed <u>in full</u> and submitted <u>with fee</u> and the items listed for processing: | | | | |
| Reviewed by _____ EHS Initials | | | | |
| TYPE OF PLAN REVIEW (Check applicable box) | | | | |
| <input type="checkbox"/> | \$500 (PE 5672) plus \$185 per hour after 2 hours | New food service establishment | | |
| <input type="checkbox"/> | \$185 Base fee plus \$185 per hour for each add'l hour over 1 hour (PE 5685) | Remodel of existing food service establishment or revision of approved plan | | |
| <input type="checkbox"/> | \$335 Base fee plus \$185 per hour for each add'l hour (PE 5685 & 5642) | Change of ownership / conditional operating permit AND remodel of existing food service establishment or revision of approved plan | | |
| <input type="checkbox"/> | \$185 (PE 5682) per inspection | Reopen former food service establishment | | |
| <input type="checkbox"/> | \$185 (PE 5670) | New Limited Grocery, Tap Room / Tasting Room | | |
| <input type="checkbox"/> | \$185 plus lab fees (PE 5683) | HACCP – when required by WAC for menu items | | |
| <input type="checkbox"/> | \$500 Base fee plus \$185 for each add'l permit (PE 5676 & 5675) | New multiple permit food service establishment (large grocery store) | | |
| <input type="checkbox"/> | \$185 (PE 5677) | Plan review consultation (On and/or off site) | | |
| <input type="checkbox"/> | NO FEE Out of County Mobile (PE 56MR) | Mobile operators from King or Pierce Counties | | |
| ESTABLISHMENT INFORMATION | | | MAILING ADDRESS | |
| Name: | | | Name: | |
| Site Address: | | | Mailing Address: | |
| City: | ZIP: | City: | State: | ZIP: |
| OWNER INFORMATION | | | | |
| Name: | | | Phone: | |
| Address: | | | E-mail Address: | |
| City: | | | State: | Zip: |
| CONTACT INFORMATION (if different than owner) | | | | |
| Name: | | | Phone: | |
| Address: | | | E-mail Address: | |
| City: | | | State: | Zip: |
| OTHER INFORMATION | | | | |
| Type of Food Service Establishment: | | | | |
| Local Building Inspection Agency: | | | | |
| Water District: | Water Supply (check one): | <input type="checkbox"/> Private Well | <input type="checkbox"/> Public | |
| Sewer District: | Sewage Disposal (check one): | <input type="checkbox"/> Sewer | <input type="checkbox"/> Onsite Sewage System | |
| <i>Inspection is based upon requirements of WAC 246-215; Rules & Regulations of the State Board of Health for Food Service Sanitation. Other agency approvals requisite to your operation may include County or City Planning, Building, Plumbing and Fire Departments, Water and Sewer Utilities.</i> | | | | |
| <i>Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the rules of the Washington State Food Code.</i> | | | | |
| Signature: | | | Date: | |
| Print Name: | | | | |

Conditional Operating Permit Application

Date of ownership change: _____

Former establishment name (if changing): _____

Previous owner's name: _____

- Is facility currently open? YES NO If no, must proceed as a **Reopen** and facility must remain closed.
- Copy of menu submitted? (REQUIRED) YES NO If no, application will **NOT** be accepted
- Is a picture of your three-compartment warewashing sink provided? (REQUIRED) YES NO If no, application will **NOT** be accepted
- Will there be changes to kitchen and/or equipment? YES NO

If yes, briefly describe changes: _____

By initialing the statements below, I understand:

_____ This document constitutes as a *Conditional Operating Permit* which may be revoked by Snohomish Health District at any time without prior notification.

_____ I must provide a completed and signed Commissary and Restroom Agreement to Snohomish Health District immediately upon request and must have copies available onsite (**if applicable**).

_____ My facility will be inspected by Snohomish Health District within 30 days.

_____ A fee(s) will be charged if additional inspections are required.

_____ Changes and/or improvements may be required.

_____ All changes and/or improvements must be completed by the compliance date listed during my inspection.

_____ My facility may be closed if changes and/or improvements are not completed by the date listed during my inspection.

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

_____ All changes to menu, equipment, and the building must be pre-approved in writing by Snohomish Health District.

_____ I may be required to submit a remodel/plan revision plan review which has additional fees.

_____ Upon the determination that my facility meets the requirements of the Washington State Retail Food Code, I will be required to pay for my *Annual Operating Permit*.

Print first and last name: _____

Owner/responsible party signature: _____ Date: _____

Provide copies of your menus. Include all food and beverages you will serve. If the facility is a grocery store serving only fruits, vegetables or commercially prepackaged food, a list of goods sold may be submitted in place of the menu. Be sure to include specials and seasonal items. **Only food and beverages listed may be served. Submit copies of all breakfast, dinner, lunch, bar/lounge, happy hour, kids, catering, and online menus, fresh sheets, table tops or menu boards.** If a menu board will be used, provide photographs of the menu showing all food and beverages listed. All menu items must be readable in photographs.

A **consumer advisory** is required for all food of animal origin that is offered raw, undercooked or cooked to the customer's specification. Be sure all menu items requiring a consumer advisory are clearly identified and remind the patron that consuming these foods may result in foodborne illness. Consumer Advisory information may be found at the [Washington State Department of Health](http://www.wa.gov/health) website under Code Clarifications.

The menu, food preparation steps, and the mode of operation may be restricted to protect public health (WAC 246-215).

Sample Menu

AAA #1 Drive In

Breakfast

| | |
|--|--------|
| Pancakes | \$2.00 |
| Eggs*, hash browns, bacon, toast | \$3.00 |
| Oatmeal..... | \$2.00 |

Lunch

| | |
|----------------------|---------|
| Ham sandwich | \$3.00 |
| Pho soup* | \$3.00 |
| Rib eye steak* | \$10.00 |

Dinner

| | |
|----------------------------|---------|
| Prime rib*..... | \$10.00 |
| Shrimp pasta | \$10.00 |
| Deluxe cheeseburger* | \$10.00 |
| Chicken salad..... | \$10.00 |

Salads

| | |
|-------------------|--------|
| Mixed greens..... | \$3.00 |
| Romaine..... | \$3.00 |
| Caesar* | \$3.00 |

Beverages

| | |
|--------------------|--------|
| Fountain beverages | |
| Large..... | \$3.00 |
| Medium | \$2.00 |
| Small..... | \$1.00 |
| Coffee | \$1.00 |
| Tea..... | \$1.00 |

*These menu items are served raw, undercooked or cooked to your specification. Consuming raw or undercooked food may increase your risk of foodborne illness

I own **both** the business requiring and the business providing commissary services and as such no commissary agreement is necessary.

This agreement between the commissary owner and the vendor signifies that both parties agree to the vendor's **access to and use of** the services identified below. Snohomish Health District (SHD) will not recognize any transfer of this agreement to food service facilities or persons not specifically identified in this agreement

Food Service Establishment (FSE) requiring commissary support to qualify for a Permit to Operate

Name of FSE: _____

Vendor (FSE owner): _____

Mailing address: _____

Phone number(s): _____

Business days & hours: _____

The following services will be provided by the commissary:

| | | | |
|---|--|--------------------------------------|--|
| Approved water supply | <input type="checkbox"/> Yes <input type="checkbox"/> No | Handwashing sink | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Approved waste water disposal | <input type="checkbox"/> Yes <input type="checkbox"/> No | Food preparation sink for vegetables | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Garbage disposal | <input type="checkbox"/> Yes <input type="checkbox"/> No | Food preparation sink for raw meats | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dry storage for food and single service | <input type="checkbox"/> Yes <input type="checkbox"/> No | Approved 3-compartment sink | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Refrigeration space _____ cubic feet | <input type="checkbox"/> Yes <input type="checkbox"/> No | Approved restroom | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Freezer space _____ cubic feet | <input type="checkbox"/> Yes <input type="checkbox"/> No | Entrance key for after-hours access | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ice in pounds per day _____ lbs. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

I verify the information provided in this agreement is accurate and we are responsible to comply with the Washington State Food Code (WAC246-215) and will allow access for inspection during business hours for either business.

Commissary name: _____

Commissary address: _____

Business hours: _____

Commissary owner's name: _____

Commissary phone: _____

Printed name of Commissary Owner

Signature of Commissary Owner

Date

Printed name of Food Service Establishment Owner

Signature of Food Service Establishment Owner

Date

Date: _____

Food Safety Program
Snohomish Health District
3020 Rucker Ave., Suite 104
Everett, WA 98201-3900

Restroom letter for: _____
(Name of Food Stand Concession or Mobile Food Vehicle)

I, _____ have an agreement with _____
(Owner name of Restroom facility) (Owner name of Food Stand/Mobile)

giving _____ and his/her employees the right to use the restrooms
(Name of Food Stand/Mobile)

at _____
(Name and address of Restroom facility)

The hours that I allow the restroom to be used are: _____

- These hours are during my normal operating hours.
- These hours are outside my normal operating hours. I have provided afterhours access.

This agreement begins _____ I am not responsible for any actions of _____
(Date) (Name of Food Stand/Mobile)

outside of my establishment and may terminate my agreement with _____
(Name of Food Stand/Mobile)

for _____
(Reason for termination of agreement)

***I understand that Snohomish Health District has the right to inspect the restroom while the restroom is in operation.
I will notify Snohomish Health District at such time as the agreement is terminated.***

Signed: _____ Date: _____
(Restroom Owner)

(Consult your attorney before signing any legal document)