

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. Plan review fees are non-refundable.

✓		ITEM	DESCRIPTION	Office Intake Use Only
	1	General Plan Review Application	<b>Provide completed general plan review application.</b>	
	2	Change of Ownership Permit Application	<b>Provide completed change of ownership permit application.</b>	
	3	Copy of Menu	<b>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.</b> Include condiments, iced beverages and baked goods. Be sure to include menu specials and seasonal items. Only food and beverages listed may be served. <b>All breakfast, dinner, lunch, bar/lounge, happy hour, kids, catering, and online menus must be submitted.</b>	
	4	Commissary Agreement Letter (If applicable)	<b>For mobile units and food stand concessions, provide a complete commissary agreement letter with a food service establishment permitted in Snohomish County.</b> 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.	
	5	Restroom Agreement Letter (If applicable)	<b>For mobile units and food stand concessions, provide a complete restroom agreement letter.</b> 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.	
	6	Fee	<b>Include application fee.</b>	



## General Food Plan Review Application

<b>Application must be completed <u>in full</u> and submitted <u>with fee(s)</u> and the items listed for processing:</b>				
Reviewed by:			PA Initials:	
<b>TYPE OF PLAN REVIEW (Check applicable box)</b>				
	\$815 (PE 5672) General Food Plan Review	New food service establishment plan review and pre-operational inspection fee		
	\$205 (PE 5670) Tap Room / Tasting Room Plan Review	New tap room / tasting room plan review and pre-operational inspection fee		
	\$815 Multiple Permit Facility General Plan Review base fee <b>plus</b> \$205 for each additional permit (PE 5676 & PE 5675)	New multiple permit food service establishment. New food service establishment with multiple permits (I.e., deli, meat/fish, etc.). Fee includes plan review and pre-operational inspection.		
	\$410 (PE 5642) Change of Ownership	Change of ownership includes inspections.		
	\$205 (PE 5685) Alteration to Existing Establishment/Approved Plan	Alteration to currently permitted food service establishment or revision of approved plan. Includes plan review and pre-operational inspection.		
	\$205 (PE 5677) Consultation Fee	Plan review consultation (on or offsite)		
	\$2000 (PE 5683) HACCP Review (with or without variance)	Hazard Analysis Critical Control Point (HACCP) plan review with or without a variance – when required by WAC for food proposed food preparation steps. Includes plan review and pre-operational inspection.		
	\$205 (PE 56AM) Variance Request without HACCP Review	Variance request without HACCP Plan review. Includes plan review and pre-operational inspection.		
<b>ESTABLISHMENT INFORMATION</b>			<b>ESTABLISHMENT MAILING ADDRESS</b>	
Establishment Name:			Name:	
Site Address:			Mailing Address:	
City:	ZIP:	City:	State:	ZIP:
<b>OWNER INFORMATION</b>				
Name:			Phone:	
Address:			E-mail Address:	
City:	State:		Zip:	
<b>CONTACT INFORMATION (if different than owner)</b>				
Name:			Phone:	
Address:			E-mail Address:	
City:	State:		Zip:	
<p><i>Review is based upon requirements of WAC 246-215; Rules &amp; Regulations of the State Board of Health for Food Service Sanitation. Other agency approvals required prior to permitting with the Snohomish County Health Department may include county or city Planning, Building, Plumbing and Fire Departments, Water and Sewer Utilities.</i></p> <p><i>Signature of the owner or appointed contact person 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 Retail Food Code.</i></p>				
Signature:			Date:	
Print Name:				

**Environmental Health Division**

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250

## Change of Ownership Permit Application

Copy given (initial):		Date:	
Date of ownership change:			
Former establishment name (if changing):			
Previous owner's name:			
Is facility currently open?	Yes	No	If no, you must submit as a New Establishment and must remain closed.
Copy of menu submitted:	Yes	No	If no, see statement below, completed and signed agreements must be submitted to Snohomish County Health Department.
Is this facility connected to an onsite sewage (septic) system? If yes, an additional review by our Land Use program is required.		Yes	No
Will there be changes to kitchen and/or equipment?		Yes	No
If yes, briefly describe changes:			
<b>Please initial each statement below indicating you have read and understand them:</b>			
	I understand that if my facility does not meet the criteria for a change of ownership that I will be directed to close, submit the general plan review application, and pay the difference in application fees. I will not be able to reopen my facility until I obtain approval from the Snohomish County Health Department and other applicable agencies.		
	I understand I must provide a completed and signed Commissary and Restroom Agreement to the Snohomish County Health Department immediately upon request and must have copies available onsite <b>(If applicable)</b> .		
	I understand my facility will be inspected by the Snohomish County Health Department within 30 days. I understand that a fee(s) will be charged if additional inspections are required.		
	I understand that changes and/or improvements may be required.		
	I understand that all changes and/or improvements must be completed by the compliance date listed during my inspection.		
	I understand that my facility may be closed if changes and/or improvements are not completed by the date listed during my inspection.		
	I understand that I may need to make changes that were not required of the previous owner.		
	I understand that all changes to menu, equipment, and the building must be pre-approved in writing by the Snohomish County Health Department.		
	I understand that I may be required to submit a remodel/revision plan review, which has additional fees		
<b>Print first and last name:</b>			
<b>Owner/responsible party signature:</b>		<b>Date:</b>	
<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>			

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.

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**

<b>Fountain beverages</b>	
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.
- 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. The Snohomish County Health Department will not recognize any transfer of this agreement to food service facilities or persons not specifically identified in this agreement.

**Mobile Food Unit (MFU) requiring commissary support to qualify for a permit to operate**

Name of MFU:	
Owner of MFU:	
Mailing address:	
Phone number(s):	
Email address:	
Business days & hours:	

**The following services will be provided by the commissary:**

Approved water supply (If yes, attach water bill to application)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Handwashing sink	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved waste water disposal (If yes, attach sewer bill to application)	<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	Power Supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fryer Oil Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Commissary sewage system	<input type="checkbox"/> Sewer bill or availability letter attached	
Commissary water system	<input type="checkbox"/> Water bill or availability letter attached	
Is this facility connected to a septic system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a grease trap required by sewer district or building department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Environmental Health Division**



## Commissary Agreement

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 mobile food unit owner*

\_\_\_\_\_  
*Signature of mobile food unit owner*

\_\_\_\_\_  
*Date*

**\*\*\*Washington State Retail Food Code Requirement (WAC 246-215-09126.4):** The PERSON IN CHARGE shall document presence at the COMMISSARY on a log, maintain records for one year, and shall make the records available for inspection by the REGULATORY AUTHORITY upon request. \*\*\*

I, the mobile food unit operator, acknowledge that I will be required to maintain logs detailing when I visit my commissary, how often, and for how long. I will maintain these logs for a minimum of 1 year and will keep the documents readily available for inspection on-board the mobile food unit. \_\_\_\_\_ [initial]

I, the mobile food unit operator, acknowledge that the commissary logs may only be filled out and stored on-board the mobile food unit. \_\_\_\_\_ [initial]



Date: \_\_\_\_\_

Food Safety Program  
Snohomish County Health Department  
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 the Snohomish County Health Department has the right to inspect the restroom while the restroom is in operation.***

***I will notify the Snohomish County Health Department at such time as the agreement is terminated.***

Signed: \_\_\_\_\_  
*(Restroom Owner)*

Date: \_\_\_\_\_

***(Consult your attorney before signing any legal document)***