



# Food Establishment Change of Ownership or Name Change

Food Safety Program 345 6<sup>th</sup> Street, Suite #300, Bremerton WA 98337 (360) 728-2235 kitsappublichealth.org

**For name changes, only fill out the information in this box and sign and date below. For change of ownerships, complete the form in its entirety.** Name change  Change of ownership

Current Food Establishment Name \_\_\_\_\_ Effective Date \_\_\_\_\_

New Name (if changing) \_\_\_\_\_

Owner/Company Name \_\_\_\_\_ Owner phone # \_\_\_\_\_

Establishment Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address (Same as above ) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Sewer or Septic? Public \_\_\_\_\_ Name of Utility \_\_\_\_\_

Onsite \_\_\_\_\_ If on an Onsite System, then a current Maintenance & Monitoring (M & M) Contract is required. Call Kitsap Public Health District's M & M Program with questions at (360) 728-2235.

Changing menu? \_\_\_\_\_ Yes (attach menu) \_\_\_\_\_ No Or

Increase in Seating? \_\_\_\_\_ Yes (seating \_\_\_\_\_) \_\_\_\_\_ No (seating \_\_\_\_\_)

Yes (to both or one) \_\_\_\_\_ and on an Onsite System, then a Health District Commercial Building Clearance (CBC) application is required.

No (to both) \_\_\_\_\_ and on an Onsite System, then a Health District CBC Exemption is required.

Public Water Supply Name \_\_\_\_\_ Water Supply ID # \_\_\_\_\_

Meals served, circle all that apply: Breakfast Lunch Dinner Catering Other

\_\_\_\_\_ I understand that my Food Establishment will be reviewed for deficiencies by the Kitsap Public Health District, I will be notified of any physical deficiencies that I need to correct and that my Food Establishment may be closed if deficiencies are not corrected.

\_\_\_\_\_ I understand that any changes to the menu and/or equipment must be pre-approved by the Kitsap Public Health District and that any new equipment/menu or plans must be reviewed and approved.

\_\_\_\_\_ I understand that smoking is not allowed in my Food Establishment; including offices, break rooms, and beer gardens.

\_\_\_\_\_ I understand my permit to operate expires on June 30, of each year and fees to renew my permit must be received on or before July 1, of each year or a late fee will be charged.

\_\_\_\_\_ Date \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>		PROCESSED BY	DATE	PAID	RECEIPT #:
New ID#	TYPE	NAME	Prior ID#	NAME	

# FOOD ESTABLISHMENT PERMIT FEES

Establishment Type		Yearly Fee	Pro-rated fee Min 6 mos.
Bakery	( ) B	\$389.00	\$194.50
Bed & Breakfast / Hotel / Motel	( ) Z	\$258.00	\$129.00
Catering w/commissary	( ) C	\$283.00	\$141.50
Catering with restaurant	( ) K	\$258.00	\$129.00
Demonstrators	( ) E	\$283.00	\$141.50
Limited Menu-low	( ) L	\$258.00	\$129.00
Limited Menu-high	( ) L	\$283.00	\$141.50
Mobile Unit-low	( ) U	\$258.00	\$129.00
Mobile Unit-high	( ) U	\$283.00	\$141.50
Grocery (without produce)	( ) G	\$205.00	\$102.50
Supermarket (with produce)	( ) S	\$448.00	\$224.00
Deli	( ) R0	\$525.00	\$262.50
Meat/Fish Market	( ) M	\$306.00	\$153.00
Restaurant			
[0-25 seats]	( ) R0	\$525.00	\$262.50
[26-75 seats]	( ) R26	\$564.00	\$282.00
[76-100 seats]	( ) R76	\$645.00	\$322.50
[>100 seats]	( ) R100	\$721.00	\$360.50
Seasonal	( ) Y	Prorated per seating/months 6 Months Min	
Restaurant with Lounge			
[0-25 seats]	( ) H0	\$645.00	\$322.50
[26-75 seats]	( ) H26	\$683.00	\$341.50
[76-100 seats]	( ) H76	\$762.00	\$381.00
[>100 seats]	( ) H100	\$919.00	\$459.50
School			
Headstart/ECEAP	( ) D	\$162.00	\$81.00
School Central Kitchen	( ) O	\$335.00	\$167.50
School Warming Kitchen	( ) P	\$238.00	\$119.00
Tasting Room or Tavern without Food	( ) T	\$223.00	\$111.50
Plan Review	( ) PR	x hours	Pre-paid
B & B/Hotel/Motel w/o pre-op inspections		\$162.00	Yes / No
B & B/Hotel/Motel with pre-op inspections		\$217.00	Yes / No
Low Risk Establishments		\$217.00	Yes / No
High Risk Establishments		\$271.00	\$217 / \$271
Menu/Equipment Review		\$162.00	Yes / No
Special Process Permit		\$162.00	Yes / No