



WHATCOM COUNTY HEALTH DEPARTMENT

PROCEDURES FOR CHANGE OF OWNERSHIP OF A FOOD SERVICE ESTABLISHMENT

509 Girard Street
Bellingham, WA 98225
Telephone: 360-676-6724
Fax: 360-676-6771

A permit from the Whatcom County Health Department is required to operate a retail food establishment in Whatcom County. If a food establishment is sold, the operating permit is **not** transferable from one owner to the next. Operating a food establishment without a valid permit may result in **immediate closure**.

Please submit the following information with this packet. This information must be submitted to the Whatcom County Health Department by the new owner(s) before requesting a pre-operational inspection.

1. **A plan review application and plan review fee (\$100 or \$190).** Plan review fee is \$100.00 for a Change of Owner with no menu or equipment changes. If you plan to remodel or change the menu, the plan review fee is \$190.00.
2. **A food service establishment permit application and permit fee.** This fee varies because it is based upon your menu and seating capacity. Please ask our staff what your fee will be. A food establishment permit application form is included in this package.
3. **A menu and method of food preparation chart.** Complete this form even if you do not plan to change the current menu. All menus are reviewed when a food establishment changes ownership.
4. **A current floor plan.** Complete this even if you do not plan to remodel the food establishment.
5. **A Report of System Status (ROSS).** This is required if the property is served by an On-Site-Sewage System, contact our office for additional information. Use the following link to view our list of Licensed Septic System Operation & Maintenance Specialists:
http://www.whatcomcounty.us/health/environmental/sewage_systems/omspecialists.jsp
6. **A Commissary Agreement.** This is required if the food establishment is a Mobile Unit or a Push Cart.

Enclosed, you will also find a food worker training manual and a copy of the Washington State Retail Food Code. Food worker manuals are available in English, Spanish, Korean, Chinese, Russian, Vietnamese, and Punjabi at no charge. Ask our staff for additional copies or you can review food worker manuals online at our website: http://www.whatcomcounty.us/health/environmental/food_safety/foodworkers.jsp

Processing for change of ownership will take at least two business days so turn in your completed application package to our office at least **two business days** before you begin operation. However, additional review time may be required if:

1. The facility requires modification of food equipment; or
2. The menu or methods of food preparation change; or
3. The facility is going to be remodeled; or
4. The facility is served by a septic system; or
5. The facility is served by a water system that is not in compliance with the Washington State Department of Health Regulations for public drinking water systems.

If you plan to remodel the restaurant or change the menu, formal Health Department plan review will be required. Don't forget to contact the local city or county building department if you are planning any construction or remodeling.

Your permit fee must be paid at the time you submit this package.

If you have questions about this packet, please contact our office at (360) 676-6724, Monday through Friday, 8:30am – 4:30pm.



WHATCOM COUNTY HEALTH DEPARTMENT

**FOOD SERVICE
CHANGE OF OWNER
PLAN REVIEW APPLICATION**

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Bellingham, WA 98225
Telephone: 360-676-6724
Fax: 360-676-6771

Change of Owner - \$100 Change of Owner & Menu - \$190 Change of Owner & Remodel - \$190

Facility Name _____

Facility Address _____

City, State & Zip Code _____ Phone # _____

Owner's Name _____

Owner's Mailing Address _____

City, State & Zip Code _____ Phone # _____

TYPE OF OWNERSHIP: Individual Corporation Partnership LLC

If partnership, corporation or LLC, Attach list of all partners or corporate officers as registered with State.

Accounts Payable Contact _____

Accounts Payable Mailing Address _____

City, State & Zip Code: _____ Phone # _____

Water Supply System Name _____

(Specify Private Well or Name of Water System)

Method of Sewage Disposal: Sewer On Site Septic (OSS) (Attach Copy of current ROSS)

Projected Seating Capacity _____ Number of Employees _____

Meals Served (Check all that apply): Breakfast Lunch Dinner Catering

Days Open for Business _____ Operating Hours _____

New Construction / Remodel: Start Date _____ Completion Date _____

Important:

Please provide all materials requested at the time plans are submitted (see page 1 for a list of required information). Failure to do so can result in delays to your project. Changes to your plans may be required. Do not proceed with construction until your project has been approved.

Applicant Name _____ Signature _____ Date _____

Office Use Only:

Received By _____ Date _____ Amount Paid _____ Receipt # _____



WHATCOM COUNTY HEALTH DEPARTMENT
ANNUAL FOOD SERVICE
ESTABLISHMENT PERMIT APPLICATION

509 Girard Street
Bellingham, WA 98225
Telephone: 360-676-6724
Fax: 360-676-6771

[] New Facility Application Date opening _____ FEE _____
[] Change of Ownership Date of change _____ Prior Facility Name _____
[] Information Update Only

NAME OF ESTABLISHMENT _____

ADDRESS OF ESTABLISHMENT _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME & ADDRESS TO WHICH INSPECTION NOTICES AND CORRESPONDENCE SHOULD BE MAILED:

MANAGER NAME _____

OWNERS NAME _____ PHONE _____

TYPE OF OWNERSHIP: Individual [] Corporation [] Partnership [] LLC []
If partnership, corporation or LLC, Fill in name, address and phone of partners or corporate officers:

Table with 3 columns: NAME, ADDRESS, PHONE. Rows 1 and 2 for partner/officer information.

DAYS & HOURS OPEN FOR BUSINESS _____ SEATING CAPACITY _____

ADDITIONAL SERVICES: Full Service Bar [] Espresso [] Deli [] Other: _____

IF APPLICATION IS FOR A MOBILE UNIT, NAME & ADDRESS OF COMMISSARY:

NAME OF WATER SYSTEM _____ METHOD OF SEWAGE DISPOSAL _____

I understand that in accordance with WAC 246-215-230, the person in charge of any food service establishment shall permit the health officer, after proper identification, to enter at any time, for the purpose of making inspections or investigations to determine compliance with these regulations. The health officer shall be permitted to examine the records of the establishment to obtain information pertaining to food and supplies purchased, received, or used and to any person employed which is pertinent to an illness investigation or other matters which may affect health or the enforcement of these regulations.

DATE _____ SIGNATURE OF APPLICANT _____

OFFICE USE ONLY

Inspected By _____ Program/Element Code _____ Additional Service _____
Date Approved _____ Next Inspection _____ Assigned to _____
Permit Expiration _____ Category _____ Bill Additional Pre-Open: Y or N
Facility # _____ Program # _____ Account # _____
Received By _____ Date _____ Amount Paid _____ Check # _____



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COMMISSARY AGREEMENT

Persons wishing to operate a one of the following must submit this form for our review:

- A mobile unit or push cart; or
- A temporary food establishment requiring off-site or advanced food preparation; or
- A temporary food establishment lasting two days or more; or
- A farmer's market food vendor or processor stand; or
- A catering business

A commissary means an approved location, usually a food establishment, where food is stored, prepared, portioned, or packaged for service elsewhere. A commissary may also be used to service and store food vehicles or carts. Once our office approves of this commissary agreement, you may not use a different facility for food preparation and storage without the written approval of Whatcom County Health Department.

The owner or person in charge of the approved food establishment or commissary must complete the following information:

Commissary owner name: _____

Commissary address: _____

Commissary owner phone number: _____

Commissary user name: _____

Commissary user phone: _____ Cell: _____

Commissary tasks (*mark all that apply*):

- Potable water re-supply
- Wastewater disposal
- Food preparation (trimming, assembly, re-portioning, produce washing)
- Cooking foods
- Hot holding foods
- Cooling of hot foods (If yes, which method: shallow pan or ice bath)
- Washing of utensils
- Food storage (i.e. walk-in cooler, sandwich prep cooler, shelving for dry goods)
- Other: _____

I grant permission for _____
to use my facility for the tasks indicated above. This agreement is voided immediately if the
commissary owner or user sells or closes his/her business.

Commissary operator signature _____ Date _____

Commissary user signature _____ Date _____

Comments: _____

Approved: _____ Denied: _____ Date: _____ EHS: _____

CLASSIFICATION →	"R"	"M"	"F/P"	"G"
REQUIREMENTS ↓	Restaurant, caterer, snack bar, espresso, smokehouse, etc.: Preparation of ready-to-eat potentially hazardous foods.	Retail meat/seafood market, or meat/ seafood depts. in grocery stores.	Bulk foods, produce stands, and produce depts. in retail grocery stores.	Convenience stores selling only prepackaged foods and low risk unpackaged foods.
Food Service Permit	Food service permit required prior to operation.	SAME AS CLASS R	SAME AS CLASS R	Same as Class R
Health Cards	Required for owners, managers, and employees.	Required	Required	Required if unpackaged foods are served.
Hand washing Sink Locations	Separate sink with hot/cold water, mixing faucet located in food prep areas, bars, wait station(s) and restrooms. Hot water to sink in 15 seconds.	SAME AS CLASS R	SAME AS CLASS R	Required if unpackaged foods are served.
Cooking Equipment	Capable of heating food to 165°F in 2 hours or less.	NOT ALLOWED	NOT ALLOWED	For hot dogs and coffee only. Otherwise NOT ALLOWED.
Hot Holding Equipment	Capable of holding cooked foods above 140°F.	NOT ALLOWED	NOT ALLOWED	For hot dogs and coffee only. Otherwise NOT ALLOWED.
Refrigeration	Must be conveniently located. Amount and type depends on menu. Commercial style refrigeration is required in most cases. Must hold food at 41 F or below.	Same as Class R. Raw meats and seafood must be stored and displayed in areas separated from ready to eat foods.	Must hold potentially hazardous foods at 41°F or below.	All refrigeration units must keep potentially hazardous foods at 41°F or below.
Dishwashing and Cleanup Facilities	3-compartment sink equipped with drain boards. See Food Code 4-301.12 for exceptions. Sinks are stainless steel. Indirect waste may be required.	3-compartment sink with drain boards for cleaning knives, utensils, equipment parts, etc. Appropriate facilities to clean large equipment in place.	Access to a 2-compartment sink for utensil cleaning. Produce prep sink may not be used for utensil washing.	A 2-compartment sink is required if any unpackaged foods are served.
Food Preparation Sink	Required if ready to eat foods are washed before serving. Separate sink may be required for raw meat.	May be required for thawing and/or washing meat or seafood.	Required for produce stands and produce depts.	Required if produce preparation is done in the store.
Food Contact Surfaces, i.e., counter tops, cutting boards, equipment	Stainless steel, plastic, plastic laminate, or hard wood. Smooth, non-absorbent, easy to clean, non-toxic.	SAME AS CLASS R	SAME AS CLASS R	SAME AS CLASS R
Structural Requirements i.e., floors, walls, ceilings	Floors: sheet vinyl, tile, or smooth sealed concrete. Walls: smooth, non-absorbent, and easily cleanable plastic laminate, stainless steel or similar required in some areas. Ceilings: easily cleanable.	SAME AS CLASS R	Bulk food sections same as Class R Produce stands: Foods must be off of ground on cleanable surfaces and must be protected from contamination from above.	SAME AS CLASS R
Mop Sink	Required. Mop water <u>cannot be dumped</u> in a dishwashing sink, food sink or outside.	SAME AS CLASS R	SAME AS CLASS R	SAME AS CLASS R
Restroom Facilities	Required for employees. Required for patrons if seating is provided. Must have hand sink w/hot & cold running water and mixing faucet.	SAME AS CLASS R	SAME AS CLASS R	SAME AS CLASS R