



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 service establishment in Whatcom County. If a food establishment is sold, the operating permit is **not** transferable from one owner to the next.

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 (\$75).** So we know who you are and where to contact you
2. **A permit application and permit fee.** This fee varies because it is based upon your menu and seating capacity. Please ask our staff.
3. **A menu and method of food preparation chart.** Complete this form even if you do not plan to change the 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 restaurant.
5. **A Report of System Status (ROSS).** If the property is served by an On-Site-Sewage System, contact our office for additional information.

Enclosed, you will find a food workers training manual. Copies of the Washington State Retail Food Code may be obtained at www.doh.wa.gov/ehp/sf/food/food.html or can be picked up at our office. Food worker manuals are available in English, Spanish, Korean, Chinese, Russian and Vietnamese. Ask our staff for additional copies if you need them.

If you plan to remodel the restaurant, formal plan review may be required. Please ask our receptionist for a plan review package if you plan to remodel. Don't forget to contact the local city or county building department if you are planning any construction or remodeling.

This package must be returned to our office at least two working 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 served by a septic system; or
4. 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.

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.



WHATCOM COUNTY HEALTH DEPARTMENT
FOOD SERVICE LIMITED
PLAN REVIEW APPLICATION
FEE \$75.00

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

Menu Change Only

Change Of Owner

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 Association or Municipal - City Water)

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

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's Signature _____ Date _____

Office Use Only:

Received By _____ Date _____ Amount Paid _____ Receipt # _____



WHATCOM COUNTY HEALTH DEPARTMENT

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

ANNUAL FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Application type checkboxes: New Facility Application, Change of Ownership, Information Update Only. Includes fields for Date opening, Date of change, FEE, and Prior Facility Name.

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 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:

SOURCE OF WATER SUPPLY 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

***** separator line *****

OFFICE USE ONLY

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

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