

Change of Ownership Statement

Food Establishments



Date of Ownership Change _____ Opening Date _____

Current Food Establishment Name _____

New Food Establishment Name (if applicable) _____

Site Address _____

City _____ State _____ Zip _____

New Owner Name(s) _____

Site Phone _____ Owner Phone _____

Do you own other food establishments in Pierce County? ☐ Yes ☐ No

Will you change the menu or floor plan? ☐ Yes—plan review application required ☐ No—permit fee required

Initial next to each statement below to indicate you have read and understand.

_____ My facility will be inspected by Tacoma-Pierce County Health Department.

_____ I may need to make changes or improvements.

_____ I must complete all changes or improvements by the date listed during my inspection.

_____ My facility may be closed if changes or improvements are not made by the date listed.

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

_____ Any menu or equipment changes must be approved in writing by Tacoma-Pierce County Health Department.

_____ Smoking is not allowed in my facility, including offices, break rooms and beer gardens.

_____ My permit must be renewed by Feb. 1 of each year or late fees will be assessed.

Owner First and Last Name (please print) _____

Owner or Representative Signature _____ Date _____

HEALTH DEPARTMENT USE ONLY

Consult by: _____ Date: _____ Current Facility ID: _____

Permits Required: _____

Provided:

☐ Current approval letter ☐ Floor plan ☐ Equipment list
☐ Menu ☐ Plan review application packet

Plan Review Required: ☐ Yes ☐ No Release Permit: ☐ Yes ☐ No

Notes: _____

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.