

Food Establishment Change of Ownership or Name Change

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

***This form must be submitted within 30 days of change of ownership
effective date or a full plan review will be required.***

- Change of ownership:** Complete the form in its entirety and submit with payment; see Environmental Health Fee Schedule for current fees. Forms submitted without payment will be returned as incomplete.
- Name change only:** Complete the information in this box. Sign and date below. *No fee for name change only.*

Previous food establishment name _____ Effective date _____

New name (if changing) _____ Email _____

Owner/Company name _____ Owner phone # _____

Establishment address: _____ City _____ Zip _____ Phone # _____

Mailing address (same as above) _____

City _____ Zip _____

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

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.

Applicant's Signature _____ Date _____

OFFICE USE ONLY		PROCESSED BY	DATE	PAID	RECEIPT #:
New ID#	TYPE	NAME	Prior ID#	NAME	