



CHANGE OF OWNERSHIP PERMIT APPLICATION

SECTION I- GENERAL INFORMATION

OFFICE USE ONLY
FEP#

Please Print Clearly

Date: _____

Name of Establishment: _____

Owner Name: _____

Manager Name: _____

Physical Address: _____

Parcel Number: _____

Mailing Address: _____

Business Telephone Number: _____ Email Address: _____

Days of the Week Open: _____ Hours of Operation: _____ to _____

Type of Service:

(Check all that apply)

Sit Down Meals _____

Take Out _____

Single Use Utensils _____

Multi-Use Utensils _____

SECTION II- WATER

Failure to complete this section will delay processing or the application may have to be returned.

Note: This information can be obtained from your water company or system manager.

Public Water System Name: _____ WFI Number: _____

SECTION III- SEPTIC SYSTEM

Failure to complete this section will delay processing or the application may have to be returned.

The Septic System is (check one):

___ **Municipal Sewer:** Go to section IV

___ **Holding Tank for Self-Contained Mobile Unit:** Please attach copies of:

- Holding tank capacity
- Plumbing schematic
- Schedule of estimated dumping frequency
- Location of approved dumping station to be used

___ **On-Site Septic System:** Please attach copies of:

- Maintenance or service records (must be from within the last 12 months)
- Complete septic records (can be requested at Mason County Permit Assistance Center, allow 72 hours)

SECTION IV- BUILDING

Failure to complete this section will delay processing or the application may have to be returned.

What was the previous use of the building?: _____

Total Seating Capacity Including Lounge: _____

Number of Checkstands: _____

SECTION V- MENU

Failure to complete this section will delay processing or the application may have to be returned.

Submit a copy of a menu or list of menu items, including bar menus, table menus and menu boards.

A consumer advisory is required for all food of animal origin that are offered raw, undercooked, or cooked to the customers specification.

PERMITTING PROCESS

Please allow at least 15 working days for processing the application. It may take longer if problems are found or the application is complete. For more complex establishments, there may be a fee of \$90/hour for the plan review process.

Please mail or drop off the completed applications to:

Mason County Public Health
415 N 6th Street
Shelton WA 98584

Once the application is approved, you will be notified. At that point in time, a pre-operational inspection will be scheduled. Do not open without approval and a pre-operational inspection.

All food establishments renew their permits in January for the next calendar year. You will receive a reminder in the mail at the beginning of January. However, it is your responsibility to ensure that the fee is paid on time.

In addition, food work card classes are now offered online. Please visit <https://www.foodworkercard.wa.gov/language.html> to take the course and test.

To receive and retain your food establishment permit, all local, state, and federal food and food establishment regulations must be followed.

If you have any questions, please contact our office at 360-427-9670 ext. 400.

I have read and understood the entire proceeding document. I agree to all of its requirements for obtaining a food establishment permit. All of the information I have given is true.

Owner Signature: _____ Date: _____