

**Food Establishment New Ownership Packet:**

- ✓ This application must be used when there is a change of ownership of a food establishment.
- ✓ A current menu, floor plan, equipment schedule, and ill food worker policy is required.
- ✓ A "pre-opening" inspection is also required for new owners so that the information provided can be verified by Health District staff.

Date _____
Amt. Rcvd _____
Receipt# _____
Initials _____

**(PLEASE PRINT)**

New Name of Food Establishment:	
Previous Name of Establishment:	
Site Address:	City, State, Zip:
Contact Person:	Phone: (    )
New Owner Name:	Phone: (    )
Mailing Address:	City, State, Zip:
Previous Owner Name:	Phone: (    )

**This Application must be submitted with the following items:**

✓	ITEM #	ITEM	DESCRIPTION
	1	<b>Business details</b>	<b>Provide details of the daily business</b> of this Food Establishment (FE).
	2	<b>Menu</b>	<b>Provide a menu or detailed list of all the foods and drinks you will be serving.</b>
	3	<b>Food Preparation Methods</b>	<b>Describe preparation methods of all food you will be serving.</b> Include all steps: cold holding, thawing, prepping, assembling, cooking, hot holding, cooling, etc. You may use the attached table to specify your methods, or use your own format as long as all the required information is included.
	4	<b>Floor Plan</b>	<b>Provide a scaled floor plan</b> showing the layout of the FE. Indicate type and location of all facilities and equipment (sinks, refrigeration, etc.) Show restrooms, work areas, ware washing, storage, and customer seating areas.
	5	<b>Ill Worker Policy</b>	<b>Include your written policy regarding restricting and excluding ill food workers.</b> See enclosed chapter of the Food Code on <i>Employee Health</i> for rule.

Signature \_\_\_\_\_ Date \_\_\_\_\_





GRANT COUNTY HEALTH DISTRICT
1038 W. Ivy Ave · Moses Lake, WA 98837
(509) 766-7960 · www.granthealth.org

PERMIT APPLICATION FOR A FOOD SERVICE

PLEASE RETURN THE COMPLETED APPLICATION ALONG WITH THE CORRECT FEE.

NAME OF ESTABLISHMENT \_\_\_\_\_

TYPE OF FOOD ESTABLISHMENT \_\_\_\_\_

STREET ADDRESS OF OPERATION \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

NAME OF LEGAL OWNERS \_\_\_\_\_ DATE BUSINESS PURCHASED \_\_\_\_\_

FORMER NAME OF BUSINESS \_\_\_\_\_

NAME OF PRESIDENT/MANAGER \_\_\_\_\_

BUSINESS PHONE # \_\_\_\_\_ AFTER HOURS/EMERGENCY PHONE # \_\_\_\_\_

DAYS OF OPERATION \_\_\_\_\_ HOURS OF OPERATION \_\_\_\_\_

NAME OF WATER SYSTEM \_\_\_\_\_ STATE ID # \_\_\_\_\_

METHOD OF SEWAGE DISPOSAL \_\_\_\_\_

I HAVE ENCLOSED \$ \_\_\_\_\_ FOR A FOOD SERVICE PERMIT.

Please refer to the fee schedule printed on the back of this form to determine the annual permit fee.

IN ACCORDANCE WITH THE PROVISIONS OF ALL APPLICABLE HEALTH ORDINANCES, RULES AND REGULATIONS, I HEREBY APPLY FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT.

I UNDERSTAND THAT:

- 1. PERMITS ARE RENEWABLE ANNUALLY AND EXPIRE DECEMBER 31. PERMITS SHALL BE RENEWED BY JANUARY 1. DELINQUENT APPLICATIONS AND PERMIT FEES MAY RESULT IN CLOSURE. SEASONAL OPERATIONS SHALL OBTAIN THE PERMIT PRIOR TO THE OPENING DATE.
2. PERMITS ARE NON-TRANSFERABLE, AND ARE VALID ONLY FOR THE CURRENT OPERATOR AND THE ESTABLISHMENT LISTED ON THIS APPLICATION. CHANGES IN THE OPERATION OR LOCATION OF THE FOOD SERVICE ESTABLISHMENT REQUIRE PRIOR APPROVAL BY THE HEALTH DISTRICT AND MAY REQUIRE ADDITIONAL PERMITS.
3. \$30.00 OF EACH REQUESTED REFUND OF A PERMIT FEE WILL BE RETAINED BY THE HEALTH DISTRICT FOR ADMINISTRATIVE EXPENSES.
4. NO NEW PERMIT WILL BE ISSUED TO PERSONS OR BUSINESSES HAVING AN OUTSTANDING DEBT TO THE HEALTH DISTRICT.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

\*\*\*\*\*
Date \_\_\_\_\_ Rcpt No. \_\_\_\_\_ Amt Rcvd \_\_\_\_\_ By \_\_\_\_\_
Date PO \_\_\_\_\_ Rcpt No. \_\_\_\_\_ PO Amount \_\_\_\_\_ By \_\_\_\_\_
Permit# \_\_\_\_\_

**FEE SCHEDULE:**

- I. PRE-OPENING INSPECTION Required for all new establishments, new owners, or new locations. ½ Annual Permit Fee \_\_\_\_\_
- PLAN REVIEW Required for all new establishments not licensed within Grant County in the last two years, or undergoing extensive remodeling. ½ Annual Permit Fee \_\_\_\_\_
- MENU REVIEW/FIELD PLAN REVIEW ¼ Annual Permit Fee \_\_\_\_\_

- II. MOBILE FOOD SERVICE LICENSE
  - Potentially Hazardous Foods (Exposed Foods) \$427.00 \_\_\_\_\_
  - Potentially Hazardous Foods (Pre-packaged) \$144.00 \_\_\_\_\_
  - Non-Potentially Hazardous Foods \$ 93.00 \_\_\_\_\_
  - Push Cart \$155.00 \_\_\_\_\_

- III. FOOD SERVICE LICENSE
  - Complex \$478.00 \_\_\_\_\_
  - Simple \$324.00 \_\_\_\_\_
  - With Lounge Area (additional fee) \$ 93.00 \_\_\_\_\_

- IV. UNIQUE FOOD SERVICE LICENSES
  - ESPRESSO STAND - no or limited food service\* \$155.00 \_\_\_\_\_
  - WINERY - no or limited food service\* \$155.00 \_\_\_\_\_
  - TAVERN with no or limited food service\* \$155.00 \_\_\_\_\_
  - BED AND BREAKFAST \$200.00 \_\_\_\_\_
  - MEAT/FISH MARKET only \$150.00 \_\_\_\_\_
  - BAKERY only \$150.00 \_\_\_\_\_
  - BAKERY Itinerant/Commercial Bake Sales \$ 57.00 \_\_\_\_\_
  - CATERING only \$144.00 \_\_\_\_\_
  - FRUIT and VEGETABLE Stand with limited food service\* \$ 93.00 \_\_\_\_\_
  - LIMITED FOOD SERVICE (Non-Hazardous) \$ 62.00 \_\_\_\_\_
  - SCHOOL KITCHEN \$324.00 \_\_\_\_\_
  - SCHOOL KITCHEN - SATELLITE \$165.00 \_\_\_\_\_
  - VENDING MACHINE - potentially hazardous foods, per machine \$ 47.00 \_\_\_\_\_
  - COMMISSARY (Storage & Dishwashing) \$103.00 \_\_\_\_\_
  - COMMISSARY (Food Preparation) \$205.00 \_\_\_\_\_
  - FOOD DEMONSTRATION \$ 66.00 \_\_\_\_\_

- V. GROCERY with prepackaged potentially hazardous food cold holding \$190.00 \_\_\_\_\_
  - With Food Service (additional fee) \$200.00 \_\_\_\_\_
  - With Bakery (additional fee) \$109.00 \_\_\_\_\_
  - With Meat Cutting (additional fee) \$109.00 \_\_\_\_\_
  - With Produce (additional fee) \$109.00 \_\_\_\_\_
  - With Limited Food Service (additional fee) \$ 47.00 \_\_\_\_\_
  - With Bulk Food (additional fee) \$ 47.00 \_\_\_\_\_

VI. Late Fee or Operating without a valid license is *double normal license fee.*

*Late Fee will be assessed when a renewal is delinquent for more than thirty days or a new owner of an existing establishment (licensed during current year in Grant County) is delinquent for more than thirty days in applying for a new permit.*

- \*Complex -
  - A) Any hot holding of potentially hazardous foods (PHF), OR
  - B) Serves PHF which requires two or more of the following steps:
    1. cooking raw meat and other PHF;
    2. cooling previously cooked PHF;
    3. reheating PHF which were previously cooked in the food service establishment.

\*Simple - Cooks or serves Potentially Hazardous Foods per individual order.

\*Limited - Serves only Non-Potentially Hazardous Foods, -OR- Foods which require minimal preparation or handling, such as popcorn, dispensing drinks, soft ice cream, sno cones, reheating fully cooked commercially prepackaged food (no hot holding PHF), etc.

*If you have any questions, please call our office before sending in the fee.*

Effective 01/01/2018

## Food Establishment Plan Review Attachment A: Business Details

1. Please circle the months of the year you plan to operate:

Jan.   Feb.   Mar.   Apr.   May.   Jun.   Jul.   Aug.   Sep.   Oct.   Nov.   Dec.

2. Indicate weekly hours in the following table:

Day of week	Hours open (indicate a.m. or p.m.)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

3. Indicate the number of customer seats:

Seating Area	Number of Seats
Dining	
Lounge	
Outdoor	
Banquet	
Other: _____	
	<b>Total=</b>

4. Estimate the daily number of meals/beverages to be served:

Meal	Number served daily
Breakfast	
Lunch	
Dinner	
Beverage only	
Other: _____	
	<b>Total=</b>

5. Indicate shift times and expected number employees during shifts:

Shift time	Number of employees
(Example) 7 am to 4 pm	5





Provide a scaled floor plan showing the layout of the food establishment. Indicate type and location of all facilities and equipment (sinks, refrigeration, etc.) Show restrooms, work areas, ware washing, storage, and customer seating areas.

