



CLARK COUNTY PUBLIC HEALTH

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ESTABLISHMENT CHANGE OF OWNERSHIP CHECKLIST AND APPLICATION FORM

Submittal Requirements:

- ☐ **Change of ownership checklist and application form.**
- ☐ **Food service permit application.**
- ☐ **Change of ownership fee.** Late fee applies if application is received less than 30 days from date of change
- ☐ **Food permit fee.**
- ☐ **Menu.** Provide a menu or a list of the foods to be served.
- ☐ **Method of food preparation.** Provide information on food preparation, cooking temperatures and cooling:
 - Food preparation procedures that indicate the final internal cooking temperature of all meat and poultry products, cold and hot holding temperatures.
 - List of all foods that are cooked and then cooled on site. Indicate the cooling method used and the quantities of those foods cooled on site.
 - Food storage procedures for raw meat and eggs and measures used to prevent cross contamination.
 - Employee sanitation practices including proper hand washing, barrier/glove use and illness policy.

☐ **Floor plan.** Provide a floor plan, to a quarter inch scale (1/4 inch = one foot), of the proposed facility with the following:

- Hand wash sink(s), food preparation sink(s) and mop sink
- Three-compartment sink with drain boards and any mechanical ware washing equipment
- Type/model of commercial refrigeration and freezer equipment
- Size and shelving design of walk-in units
- Ice machine and floor drain
- Cooking, reheating, and hot-holding equipment
- Indirect drains
- Employees' lockers or area of shelves for personal item storage
- Garbage storage facilities and leachate drain location (if necessary)
- Toilet(s) and number of fixtures
- Dry food storage area and shelves
- Description of finishes used on floors, walls, countertops and ceilings

NOTE: Additional forms may be required based on type of operation. Refer to the website at <https://www.clark.wa.gov/public-health/food-service-forms> for related documents.

RESTAURANT NAME OR NAME OF ESTABLISHMENT

SITE ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE PHONE NUMBER _____ DATE OF CHANGE _____

BUSINESS NAME OF OWNER or CORPORATION NAME

BUSINESS OWNERSHIP STATUS: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC

LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.

OWNER NAME _____ OWNER NAME _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ BUSINESS EMAIL _____

WATER: ☐ Amboy (CPU) ☐ Battle Ground ☐ CPU ☐ Camas ☐ Vancouver ☐ Washougal ☐ Yacolt (CPU) ☐ Other: _____
☐ Small Public Water Supply Name: _____ ID#: _____

SEWAGE: ☐ Public sewer ☐ On-site septic system. **Date of last septic system inspection or pumping:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

FOR OFFICIAL USE ONLY

DATE PAID: _____ INV _____ OW _____ EHA: _____

AMT RCVD: \$ _____ AR _____ FA _____ SR _____ PR _____

Application has been acknowledged is ready for permit: _____

Environmental Health Specialist

Date