

Change of Food Establishment Ownership Statement

Today's Date: _____ Date of Ownership Change: _____

Current Food Establishment Name: _____

New Name (if changing): _____

Site Address: _____

Mailing Address: _____

Owner Name(s): _____

Site Phone: _____ Owner Phone: _____

Please write your initials before each statement indicating you have read them:

- _____ I understand that my Food Establishment will be reviewed for deficiencies by Tacoma-Pierce County Health Department during a Change of Ownership inspection.
- _____ I will be notified at the time of that review of any physical deficiencies that I need to correct.
- _____ I understand that the approval to operate is only **CONDITIONAL** during this time.
- _____ I understand 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 Tacoma-Pierce County Health Department 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 January 31, of each year and fees to renew my permit must be received on or before February 1, of each year or a 50% late fee will be charged.

_____ (PRINT FIRST NAME) (PRINT LAST NAME)

_____ (OWNER/REPRESENTATIVE SIGNATURE) (TITLE)

- Copy to Applicant
- Copy to EHS I/CO EHS I
- Copy to all Food EHS III

For Office Use Only
 Received by: _____
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