



Change of Permit Holder Application

A change of permit holder application is used when there is a change to the entity that is legally responsible for the operation of the Food Establishment such as the owner, the owner's agent, or other person, AND:

- There will be no changes to the menu, floorplan, or equipment in the facility.
- There is no interruption of service of the ongoing operation. If the business closes for any amount of time, a plan review application is required.
- It is before the effective date of the change.

Change of ownership information:

The new permit holder of the existing food establishment must submit a Change of Permit Holder Application to inform the Health Department of the change of permit holder. Applications can be submitted by mail or in-person. Only completed forms will be accepted.

A Plan Review Application must be submitted when there is an interruption of service of the ongoing operation, when the effective date of the change has passed, and/or the new owner intends to change equipment, menu, commissary kitchen, floorplan, or services offered. **An establishment cannot reopen nor can intended changes be implemented until written approval is received.**

At the time of a change of permit holder, the establishment may need to be upgraded to meet the current facility requirements of the [Washington State Retail Food Code](#). Your inspector will let you know which upgrades need to be made during the Change of permit holder inspection, which will occur within 10 days from the effective date of the change of ownership.

Certain upgrades may require submission of a Plan Review Application and associated fees.

GLOSSARY OF TERMS

Change of Permit Holder: A change in the entity that is legally responsible for the operation in an existing food establishment such as the owner, owner's agent, or other person.

Commissary: is an approved, licensed food establishment where food is stored, prepared, portioned, or packaged for service elsewhere. Commissary must be a licensed commissary or have an active commissary endorsement on license. Commissary must not be in an active Enforcement Action with the Health Department.

Food Code: [Chapter 246-215 Washington Administrative Code](#), which is the set of regulations governing retail food establishments.

Health Department: Island County Public Health.

Menu: The types of food that will be served and how they are prepared.

Plan review: is the careful review of the proposed food establishment design, equipment, and menu by the Health Department to ensure food items will be safely stored, prepared, and served before the operating permit is granted. Reviewers will ensure the establishment is designed for food safety.



Island County Public Health

Environmental Health – Food Safety Program
Mailing Address: 1 NE 7th Street, Coupeville, WA 98239
Physical Address: 1 NE 6th Street, Coupeville, WA 98239
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

Change of Permit Holder Notification

Please see the [Fee Schedule](#) for current fees and the [Change of Ownership Policy](#) for policy and procedures. We strongly encourage you to speak with an inspector prior to submitting any applications to ensure the correct documents are submitted.

FOOD SERVICE ESTABLISHMENT INFORMATION			
Establishment name		Establishment phone	
Physical address (Mobile units/caterers leave address blank)		City	Email Address
Unified Business Identifier (UBI #)		Old Establishment name (if name is changing)	
Intended date of opening or when changes will go into effect		Total # of Seats (including outside)	Are you doing any special processes? (listed on page 6 of Questionnaire) <input type="checkbox"/> Yes <input type="checkbox"/> No
Effective date of Change of Permit Holder	Are you planning on making any changes to the menu, equipment, commissary, floorplan, or services offered? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, this is not considered a change of ownership. The establishment must go through full plan review.		Did the establishment close between owners for any period of time? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, this is not considered a change of ownership. The establishment must go through full plan review.
ESTABLISHMENT CONTACTS			
Billing Contact Name		Email Address	
Mailing Address		City	State & Zip
Local Contact Name			
Local Contact Phone #		Email Address	
What email address should inspection reports be sent to?			
FOOD ESTABLISHMENT OWNER INFORMATION			
Ownership Name (holder of the UBI #)			
Food establishment owned by: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Non-profit(provide copy of IRS approval ltr) <input type="checkbox"/> Other			
Local Agent - First and last name and Title			
Agent Phone Number		Agent Email Address	
Owner Mailing address		City	State Zip code
If there are multiple owners, list the other owners' names here. The main owner who will be our point of contact should be the one listed above. If partnership, corporation or LLC, attach list of all partners or corporate officers as registered with the State of Washington.			

CERTIFICATION AND ACKNOWLEDGMENT



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By signing this document, I certify that the information provided is true and accurate to the best of my knowledge. I attest that I will:

- Comply with the requirements of [Chapter 246-215 Washington Administrative Code](#)
- Allow access by the Regulatory Authority to the facility
- No changes to the menu, floorplan, or equipment in the facility has occurred and that there has not been an interruption of service of the ongoing operation.

Owner/ Applicant name printed

Owner/ Applicant signature

Date



FOOD ESTABLISHMENT FLOORPLAN

Include architectural plans or draw kitchen with kitchen area dimensions in the space below. Attach extra sheets if needed. For revised floor plans, highlight all proposed changes.

- Ensure all sinks are included and labeled- Hand washing, food preparation, 3-compartment, dump, and service sinks. **Indicate which sinks will be indirectly drained by writing "ID" next to them.**
- Ensure equipment is included and labeled- Refrigerators, freezers, steam tables, prep tables, etc.
- Ensure all important facility features are included and labeled: Restrooms, bar, service, & storage areas, etc.
- If using a commissary kitchen, include the kitchen floor plan. We may be able to supply a copy of this for you.
- If serving out of a cart, booth, etc., include the floor plan (attach an additional sheet).



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PROPOSED MENU

Attach a menu or list each menu item in the space below. Put an asterisk (*) next to each menu item to which a consumer advisory will apply. For grocery stores, provide a list of goods that will be offered for sale.