



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. • P.O. Box 9825

Vancouver, WA 98666-8825

Phone (360) 397-8428 • Fax (360) 397-8091

ESTABLISHMENT CHANGE OF OWNERSHIP

Submittal Requirements:

- Change of Ownership Application Form**
- Food Establishment Application Form (GREEN)**
- 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, 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 associated 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, counter tops and ceilings

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: _____

Food Safety Inspector Signature _____ **Date** _____