



# 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