



Thurston County Public Health & Social Services Department
Environmental Health Division
412 Lilly Road NE
Olympia, WA 98506

Phone (360) 867-2667
Fax (360) 867-2600
TDD Line (360) 867-2603

FOOD SERVICE ESTABLISHMENT PERMIT TRANSFER FORM

I, _____, hereby authorize the
Thurston
(Current Owner Name)

County Public Health and Social Services, Environmental Health Division, to transfer
the Food Service Facility Operation Permit for:

(Current Establishment Name)

to: _____
(New Owner Name)

I execute this release voluntarily and with full knowledge of its significance.

(Signature of Current Owner)

(Today's Date)

I certify that the above signature is the person known to me as
_____, and I have personally verified his/her identity.
(Current Owner Name)

(Witness Signature)

(Today's Date)

☞ Please complete the attached Food Service Operating Permit Application with regard to any changes that may have been made when ownership was changed.

**The fee for Food Service Establishment Permit
Transfer is \$45.00**

