



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 for the hearing impaired (360) 867-2603
Email: foodapplication@co.thurston.wa.us
Website: www.co.thurston.wa.us/health/ehfood

INSTRUCTIONS FOR CHANGE-OF-OWNERSHIP SUBMISSION (COO)

Per Article II Section 5.3(a) Rules and Regulations of the Thurston County Board of Health Governing Food Service, a permit transfer (aka Change-of Ownership) is required to transfer a food establishment permit from one permit holder to another.

Due Diligence: Prospective owners and/or leasers whom are interested in acquiring new ownership with an existing food establishment are encouraged to contact our department at 360-867-2667 in advance to arrange a time to review our health department records of the food establishment (i.e. health inspections) **prior** to the ownership change.

New Owner/Operator Consultation:

Thurston County Health Department provides a **free 30 minute** consultation service with new owner(s) in order to discuss the COO process and expectations to meet retail food code requirements. Appointments are conducted at Thurston County Public Health and Social Services located at 412 Lilly Road NE, Olympia, WA. The minimum requirements to schedule this meeting is to provide the necessary information (indicated above) at the time of the meeting. To schedule, please call (360) 867-2572.

REQUIRED COO Documentation and Fees:

The new owner shall provide the following information to initiate the COO process:

1. A signed copy documenting proof of ownership in the form of a lease agreement, deed, or other legal document that would indicate the COO date and new ownership of the food establishment.
2. A COO application signed by the new legal owner of the food establishment.
3. **The initial COO application fee of \$220.** This fee covers the first hour of review to complete the process. **After the first hour of COO review, each additional hour is billed at \$220/hour.**
4. An updated menu. Even with no menu changes to occur, provide a current copy of the menu.
5. If necessary, a food flow describing the processing steps based on food(s) offered on the menu.
6. A written statement from the new owners of the food establishment that there is no intent to remodel the existing establishment. If otherwise, this COO application is not applicable.
7. If applicable, an updated food establishment layout. This can be waived if the existing layout is available in the facility file and closely matches the current layout of the food establishment.
8. If connected to "onsite sewage", submit Onsite Supplementary Form and submit for review.
(Note: food establishments on septic systems can sometimes take a longer time to review)

New owner(s) or leasers found operating a previously approved food establishment, without any COO application received, shall be notified in writing and allowed two weeks to submit their COO application. Failure to submit the COO application within two weeks is cause for immediate closure and shall remain closed until the COO process has been completed with an issued permit.

Applicants **NOT** eligible as a COO per the below criteria's or the food establishment has been closed or vacated for **over 30 days**, shall apply with a different application and as a NEW food establishment. In such cases, these food establishments must remain closed until final approval of the NEW food establishment has been granted.

A COO applicant may remain in continual operation while taking over a previously approved food establishment, but only under the following circumstances and conditions:

- The current food establishment has no record of unresolved significant facility and/or maintenance issues that require an excessive amount of work needing repairs and/or replacement.
- **Current and valid food worker cards for the person-in-charge during all hours of operation.**
- The food establishment has NOT been closed for longer than 30 days prior to the date reflected on the lease, execution date of the sales document and/or Thurston County assessor's records.
- The facility has no immediate plans to modify the existing menu that would ultimately change the type, number, and layout of equipment; thus, affecting the entire layout of the food establishment since it was last reviewed and approved by our department.
- After taking ownership, the new owner(s) hasn't started any major renovation and/or remodeling.
- The applicant is prepared to undergo a facility and maintenance assessment of the food establishment in approximately 30-days from the date first submitting the COO application.
- At the conclusion of the assessment, there shall be no critical violations left unresolved. Failure or evidence of critical violations observed during the assessment may result in immediate closure until the COO process has been completed, all applicable fees are paid and a permit issued. Follow-up assessments shall be scheduled in a timely manner to verify corrections are made.

Food Establishment Facility Assessment:

An assessment of your food establishment is required as part of the COO application process. After we have reviewed and accepted the above required information, we shall contact the owner(s) listed on the COO application to schedule the assessment in approx. 30 days. To expedite this process and to assure a successful assessment, we recommend owners conduct their own assessment to assure it is indeed ready.

Be advised, a recently passed routine health inspection does not always guarantee that the existing food establishment's facility construction/maintenance, finish schedule, facility conditions, lighting, plumbing, HVAC and food service equipment currently meet retail food code requirements and standards.

Below is a partial list of facility maintenance and equipment deficiencies often overlooked prior to an assessment or commonly not in compliance; thus, needing to be addressed prior to COO final approval:

- Inadequate hot water supply: At the 3-compartment sink, fill two of the three compartments with hot water at minimum 120°F. All hand sinks, including restrooms, shall have at minimum 100°F.
- Inadequate refrigeration and freezer storage space and without working and interior thermometers.
- Commercial refrigeration not operating at the correct cold holding temperature of 41°F or less.
- Three compartment sink is not available or not sized correctly based on size of equipment.
- Food preparation sink not available, yet required based on the menu and food flow.
- Inadequate lighting directly over the food preparation area. (50 foot candles minimum)
- Equipment not working correctly as specified by the manufacturer and in unsanitary conditions.
- The soda carbonation backflow device not tested and/or tagged within the last 12 months.
- Drain lines required for specific plumbed equipment fail to have at least a 1 inch air gap.
- Exterior door seals and/or openings in ceiling or walls allow easy entrance of vermin.
- Refrigerated door seals are torn or missing.
- Food equipment missing the appropriate food safety certification marks (i.e. NSF, UL, ETL)
- Floor, walls, and ceiling (including food and nonfood contact surfaces) in unsanitary conditions or in disrepair.
- Missing splash shield(s) in areas prone to potential cross contamination adjacent to specific sinks.

To successfully complete the change-of-ownership (COO) application process, the new owner/applicant shall understand, and acknowledge the following information and instructions by signing the COO application:



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CHANGE OF OWNERSHIP (COO) REQUEST FOOD ESTABLISHMENT

DATE OF LEGAL OWNERSHIP CHANGE: _____ NEW OWNER PROJECTED OPENING DATE: _____

IS THE FOOD ESTABLISHMENT STILL OPEN FOR BUSINESS: YES NO IF NO, DATE BUSINESS CLOSED: _____

FOOD ESTABLISHMENT NAME: _____ FORMER NAME: _____

DAYS OF OPERATION: _____ HOURS OF OPERATION: _____ MONTHS OF OPERATION: _____

FOOD ESTABLISHMENT PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ ASSESSOR PARCEL #: _____

FOOD ESTABLISHMENT PHONE NUMBER: _____

NEW FOOD ESTABLISHMENT OWNER(S) NAME(S): _____

OWNER'S BUSINESS/CORPORATION NAME (IF APPLICABLE): _____

OWNER'S PHONE NUMBER: _____ OWNER'S EMAIL ADDRESS: _____

OWNERS MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SEWAGE: CITY SEWER OR ONSITE SEPTIC _____ PUBLIC WATER SOURCE: SYSTEM NAME _____

Please read and INITIAL next to the following statements to acknowledge and agree to them:

_____ I understand my facility will be assessed by Thurston County Public Health (TCPH) as part of the COO.

_____ I understand changes or improvements may be necessary as part TCPH requirements.

_____ I will complete all changes or improvements by the given date or sooner per the assessment report.

_____ I understand my facility may be closed if changes or improvements are not completed by the date given.

_____ I understand prior approval by TCPH is required before making any changes to the menu, equipment, and/or remodeling a food establishment.

_____ I understand I may need to make changes that were NOT addressed and/or corrected by the previous owners.

For Office Use Only			
Date Rec'd	___/___/___	Fee	_____
Receipt	_____	Permit #	_____
Area	_____		

Food Establishment Information

Please check the boxes that apply and list square footage for the category. *Your establishment may include more than one category. Square footage must include food preparation area, seating area and storage area.*

- FOOD SERVICE ESTABLISHMENT (Restaurant, deli, and similar facilities)
Total Square Footage _____
- MEAT MARKET
Total Square Footage _____
- MOBILE FOOD UNIT (Fully self-contained mobile unit)
Total Square Footage _____
- MOBILE FOOD UNIT (Push Cart)
Total Square Footage _____
- ESPRESSO / SPECIALTY DRINKS
Total Square Footage _____
- CATERER (catering service only)
Total Square Footage _____
- CATERING IN CONJUNCTION WITH FOOD SERVICE ESTABLISHMENT
Total Square Footage _____
- PUB/TAP-ROOM (No food preparation)
Total Square Footage _____
- GROCERY / CONFECTIONARY
Total Square Footage _____
- BED & BREAKFAST
Total Square Footage _____

Food Preparation Information

Please check the following boxes that apply to how potentially hazardous foods are prepared and served in the establishment:

- Cook to order only
- In advance and discarded at end of day
- Using time as a public health control
- Potentially hazardous foods are prepared in advance with two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing or thawing.
- Potentially hazardous foods are prepared for delivery to and consumption at off premise location.
- Foods prepared and served to a highly susceptible population (elderly and young children).
- Only non-potentially hazardous foods prepared.
- Raw produce prepared and/or meats received frozen

The undersigned attests to the accuracy of the information provided in this application. The applicant agrees to comply with Chapter 246-215 Washington Administrative Code Food Service and Article II Rules & Regulations of the Thurston County Board of Health Governing Food Service and allow the regulatory authority access to the establishment as per the code requirements.

I, the undersigned, have read instructions provided, and understand and agree to the COO process:

Owner's Signature: _____ **Print Name:** _____ **Date** _____