



CHECKLIST TO APPLY FOR CHANGE OF OWNERSHIP

Effective January 1, 2017, a completed Food Facility Ownership Change Request Form and Menu (if applicable) must be submitted when a new owner takes over an existing permanent food facility. It is highly recommended that a new owner apply as early as possible and prior to operating. If not submitted in advance, the new owner must submit within **10 days** of operation, otherwise penalty fees may be applied.

To make the change of ownership review process as easy as possible, use the checklist below to ensure that you submit all the required documents. Application packets will be rejected if we do not receive ALL the items shown below. Once the packet is submitted and the non-refundable application fee is paid, you will be contacted by the inspector within 10 business days.

- Completed Change of Ownership Request Form
- Completed Permit Application & Certification Statement
- Copy of Required Menu
(**only if food preparation is done**)
- Completed Ownership Change Self-Inspection Checklist (optional)

A Non-Refundable Change of Ownership application fee is required after submitting this packet. You will receive an invoice by e-mail from our Admin Staff with instructions on how to pay this fee online.

- OPERATING PERMIT CHANGE OF OWNERSHIP APPLICATION FEE \$ 340.00



FOOD FACILITY OWNERSHIP CHANGE REQUEST FORM

DEPT. OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION
1555 Berger Dr., Suite 300
San Jose, CA 95112-2716
Phone (408) 918-3400 • FAX (408) 258-5891
Website : www.ehinfo.org/cpd
Email: dehweb@cep.sccgov.org

Requestor Name: _____ Phone: _____
Requester E-mail: _____

Current Facility Name: _____
New Facility Name (dba): _____
Facility address: _____

Start of Operation Date: _____ Date of Ownership Change _____
Days of Operation: Sun Mon Tues Wed Thurs Fri Sat
Hours of Operation: _____

Does the new owner currently have (or previously had) a permit to operate a facility in Santa Clara County?
 Yes No If yes, Facility ID#: FA0 _____ Facility Name: _____

Check one (refer to back page for Risk Category Determination Flow Chart):

- No Food Preparation (no menu required). Total Square footage: _____ sq. ft.
 - Food Preparation (**Attach Required Menu**):
 - Risk Category 1 Risk Category 2 Risk Category 3
- Check total number of employees: (see calculation method below)*
- 0-5 Employees 6-25 Employees 26+ Employees

*Determine number of employees:

Total number of hours worked by all employees during any 7-day period. Divide that sum by the number of days the facility is open for business per week, then dividing that number by 8

I plan to conduct specialized processes (see back page)

Yes **No** I plan to construct, alter or remodel the facility or add/remove/replace equipment.
(Example: cooking equipment, ventilation hood(s), warewashing machine, warewashing sink, hand sink, preparation sink) Specify:

Initial items below:

_____ I acknowledge that any change in operation (i.e. change in menu, change in ownership, change of equipment, or remodel) must have prior written approval by this Department.

_____ I acknowledge that plans and specifications may also be required by this Department if this Department determines that they are necessary to assure compliance with the requirements of California Retail Food Code, including, but not limited to, a menu or change in the facility's method of operation. Additional fees may apply.

_____ I understand that inactive food facilities may be subject to additional plan review which may delay permit issuance.

All fees are non-refundable and non-transferrable. Once the complete packet is submitted, the department will respond within ten (10) business days. Ownership change request will expire 90 days after submittal.

Applicant Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY:

SR0

PR0

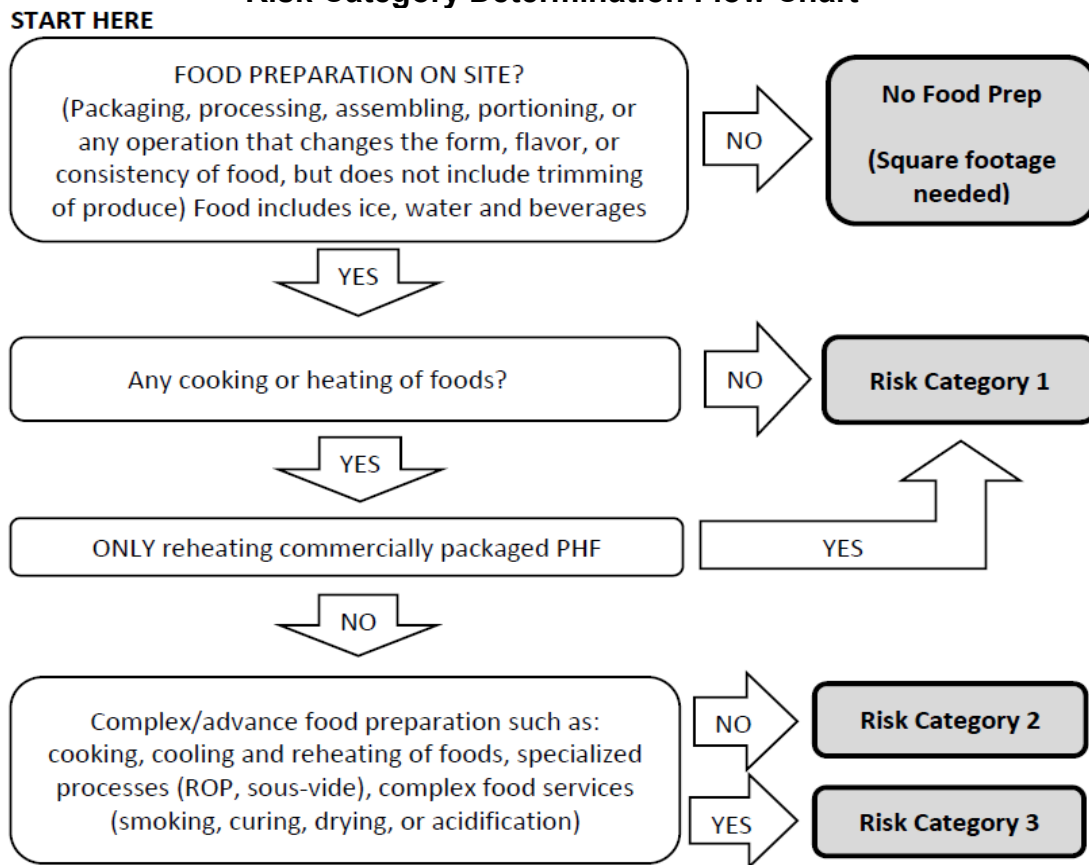
FA0

The items listed below are specialized processes and many require additional permits/approval from other jurisdictions. Please contact the respective agencies directly for further information.

Check each box if you plan to conduct any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Reduced Oxygen Packaging (ROP) | <input type="checkbox"/> Processing/butchering meats supplied by customers |
| <input type="checkbox"/> Modified Atmosphere Packaging (MAP) | <input type="checkbox"/> Fermenting foods/ingredients |
| <input type="checkbox"/> Vacuum packing | <input type="checkbox"/> Bottling, juice |
| <input type="checkbox"/> Sous Vide | <input type="checkbox"/> Storing live molluscan shellfish in water tanks |
| <input type="checkbox"/> Cook-chill | <input type="checkbox"/> TPHC – Time as a Public Health Control – if using time only, rather than time in conjunction with temperature, is used as the public health control for potentially hazardous foods (PHFs) before cooking or for ready-to-eat PHFs that is displayed or held for service for immediate consumption. (Refer to TPHC Guidelines.) |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Soft Serve/Ice Cream / Yogurt manufacturing |
| <input type="checkbox"/> Drying | <input type="checkbox"/> Other specialized preparation: _____ |
| <input type="checkbox"/> Curing | _____ |
| <input type="checkbox"/> Using acidification or reducing water activity to prevent the growth of Clostridium botulinum | <input type="checkbox"/> None of the above (no specialized process) |
| <input type="checkbox"/> Canning/Bottling (excluding juice) | |
| <input type="checkbox"/> Using food additives, such as vinegar, to make the food non-potentially hazardous | |

Risk Category Determination Flow Chart



Legend: PHF=Potentially Hazardous Foods; ROP= Reduced Oxygen Packaging



PERMIT APPLICATION & CERTIFICATION STATEMENT

DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION
1555 Berger Dr., Suite 300
San Jose, CA 95112-2716
Phone (408) 918-3400 • FAX (408) 258-5891
Website: www.ehinfo.org/cpd
Email: dehweb@cep.sccgov.org

Owner Information:

Owner Name: _____
(Corporation, LLC Name or First and Last Name of Primary Owner)

Address: _____ Unit #: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Ext: _____ Email: _____

Has/Does the owner had/have a permit to operate a Facility in Santa Clara County? No Yes *(If Yes, please answer the following):*

Facility ID#: FA0 _____ Facility Name: _____

Facility Information:

Facility Name (dba): _____

Address: _____ Unit #: _____ City: _____ ST: CA Zip: _____

Phone: _____ Ext: _____ Email: _____

Emergency/Alternate Contact: _____ Phone: _____

Pool/Spa Access Contact: _____ Phone: _____

Please send Official/Billing Correspondence to:

Owner Other (Please specify below):
OR Name: _____ Care of: _____
 Facility Address: _____ Unit #: _____ City: _____ ST: _____ Zip: _____

This permit is renewable annually. A permit will not be issued or renewed until the application is complete, all fees have been paid in full, and/or all applicable inspections have been passed. The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct and true.

The undersigned hereby applies for a **Permit to operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes.** Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines and permit suspension/revocation proceedings. **NOTIFY** the Department of Environmental Health of **any change** in the type of business activity, name, billing address, or ownership by calling the number above within 14 calendar days of a change. **PERMITS AND FEES ARE NOT TRANSFERABLE**

NOTE: Any information contained in this application is a matter of public record, and is available to the public under the California Public Records Act.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

FOR OFFICE USE ONLY:

Facility ID# FA0 _____ (Add New) New Owner ID# OW0 _____ (Add New)

Food Safety Certification Required? Yes No City Code: Stanford (19) Unincorporated Area (16)

Business Code: _____

Change of Ownership Date: _____ General Program ID# PR0 _____ (Add New) Designated Employee ID: _____

P/E: _____ Status: 01 (Active Billable) 04 (Active Exempt) Current Permit Valid from: ____/____/____ to ____/____/____

General Permit ID# PT0 _____ (Add New) Permit Status: _____ 21 Permit Type: P PE PV

Permit Conditions and Descriptions: [Supervisor Initials _____] Add Modify Delete Conditions:

Approved by: _____ Date: _____ Bill customer Payment Rcv'd Ck#: _____
(Specialist)

Supervisor: _____ Date: _____ Date e/Mailed: _____ \$: _____

Support Staff: _____ Entered Date: _____ New AR#: _____ Invoice #: _____

FOR OFFICE USE ONLY:

Business Code: 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency, 05-County Agency, 06-State Agency, 07-Federal Agency

Permit Type: P-Permanent, PE-Permanent Exempt, PV-Permanent Veteran

OWNERSHIP CHANGE SELF-INSPECTION CHECKLIST

Change of ownership inspection is scheduled for:

Date: _____

Time: _____

New owner or a representative must be present during change of ownership inspection. Failure to meet the requirements listed below may result in a delay of permit issuance.

FOOD FACILITY REQUIREMENTS	
	Approved refrigeration capable of maintaining foods at or below 41°F.
	Hot-holding equipment capable of maintaining foods at or above 135°F.
	Adequate supply of hot (120°F minimum) and cold running water of adequate pressure is available at unobstructed and accessible 3 compartment sink, food preparation sink, and janitorial mop sink. Provide access to water heater at time of inspection
	Adequate supply of warm (100°F minimum) and cold running water of adequate pressure is available at unobstructed and accessible handwash sinks. (100°F-108°F for automatic)
	Soap and paper towels in wall-mounted dispensers at all handwash sinks.
	Mechanical ventilation equipment in good operating condition and equipped with approved baffle filters
	Free of vermin infestation (rodents, cockroaches, flies etc.)
	Facility is vermin-proof. (No gaps larger than ¼")
	Accurate thermometers in all refrigeration units and warming ovens.
	Approved probe thermometer that is accurate within +/- 2°F.
	Cutting boards are smooth, easily cleanable and in good repair.
	All equipment is NSF/ANSI certified.
	All equipment shall be in good repair.
	Shatterproof covers/bulbs at all light fixtures.
	Remove all unapproved equipment or equipment that is not used in the operation from premises.
	Approved sanitizer and corresponding test strips
	Restrooms
	Food Safety Certificate

*Note: This document to serve as a guideline and is not all inclusive of California Retail Food Code (CRFC) requirements.