



# Change of Ownership Form

Food establishment permits can only be transferred if the establishment’s menu, operation, and equipment remain the same as previously approved by Spokane Regional Health District (SRHD). The SRHD Food Safety Program will determine if your ownership change qualifies for a permit transfer. If allowed, the expiration date of the permit will remain the same. There is an administrative fee for a permit transfer and all permits must be renewed at the full permit fee prior to the expiration date of the permit. **Applicants are responsible for notifying SRHD if the change of ownership does not move forward.**

Establishment Name and Location		
NEW Establishment Name:		
Previous Establishment Name	Parcel #:	
Address of Establishment:	State:	Zip Code:
Change of Ownership Date:		
Previous Owner Name:		
Previous Owner Phone:	Previous Owner Email:	

New Owner Information		
New Owner Name:		
New Owner Mailing Address:	State:	Zip Code:
New Owner Phone:	New Owner Email:	

Checklist	
Will there be any changes to the menu? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any changes to the floor plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be any changes to the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the facility on an on-site septic system? <input type="checkbox"/> Yes, complete questions below* <input type="checkbox"/> No	
*In order to evaluate and approve system capacity the following information must be provided; plan review fees may apply. Estimated # of meals served or # of customers per day: # of employees:	
Are there multiple structures on the property? <input type="checkbox"/> Yes - Provide site plan and identify the structure that is the food establishment <input type="checkbox"/> No	

**Attach:**

- Menu (s)
- Food Establishment Application for Permit to Operate
- Site plan (if have on-site septic system)

**Submittal Instructions**

Forms and applications may be submitted to Spokane Regional Health District:

**BY MAIL:** 1101 W College Ave, Room 402, Spokane, WA 99201-209

**BY FAX:** 509-324-3603

**BY EMAIL:** [foodsafetyprogram@srhd.org](mailto:foodsafetyprogram@srhd.org)

**Questions?** Please call 509-324-1560 ext. 2 or email [foodsafetyprogram@srhd.org](mailto:foodsafetyprogram@srhd.org) for assistance.

**OFFICE USE ONLY**

Change of Ownership verified with previous owner?  Yes  No      Change of Ownership Approved?  Yes  No

Reviewed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spokane Regional Health District assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act. To file a complaint or to request more information, reasonable accommodations, or language translations, contact 509.324.1501 or visit [srhd.org](http://srhd.org).

