



# Northeast Tri County Health District Food Establishment Change of Ownership

\* Mail completed and signed **Stevens County & Ferry County** applications to 240 E. Dominion, Colville, WA 99114, (509) 684-2262 Option 2

\* Mail completed and signed **Pend Oreille County** applications to 605 HWY 20, Newport, WA 99156, (509) 447-3131

Food Establishment/Business Information					
Site Information			Mailing Information		
Food Establishment Name:					
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Business Phone:			ATTN:		
Primary Manager:			Primary Manager Phone #:		
Primary Manager Email:					
Certified Food Protection Manager:					

Owner Information					
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other					
Owner Name(s):					
Mailing Address:					
City:	State:		Zip:		
Home Phone:			Cell Phone:		
Email:					

Operation Information					
This Food Establishment is: <input type="checkbox"/> Permanent/Stationary <input type="checkbox"/> Mobile <input type="checkbox"/> Commissary					
Type of Operation: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal (List Months):					
Days of Operation: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday					
Hours of Operation:			UBI #:		
Seating:    Inside #		Outside #			
Name of Garbage Removal Service:					
Water System Type: <input type="checkbox"/> Community/City    Name/Provider: _____ <input type="checkbox"/> Well    ID#: _____					
Sewage Disposal: <input type="checkbox"/> Community/City <input type="checkbox"/> Private Septic					

*By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with Chapter 246-215 WAC, and will allow NETCHD access to the establishment and its records as specified in Chapter 246-215 WAC. You agree to notify NETCHD in advance of changes in menu, equipment, operation, or ownership.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only					
Date Received	Receipt #	Fee Received	Classification	Approved By	Facility ID #