



ENVIRONMENTAL MANAGEMENT DEPARTMENT

<http://www.edcgov.us/EMD/>

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LAKE TAHOE OFFICE:
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FOOD FACILITY OWNERSHIP CHANGE REQUEST FORM

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

Current Facility Name on Record: _____
New Facility Name (if change): _____
Facility address: _____
Official date of Ownership Change: _____
Start of Operation Date: _____
Days of Operation: Sun Mon Tues Wed Thurs Fri Sat
Hours of Operation: _____

Does/Has the new owner have/had a permit to operate a facility in El Dorado 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:
 - 0-5 Employees 6-25 Employees 26+ Employees
- I plan to conduct specialized processes (see back page)

I plan to construct, alter or remodel the facility or 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: _____

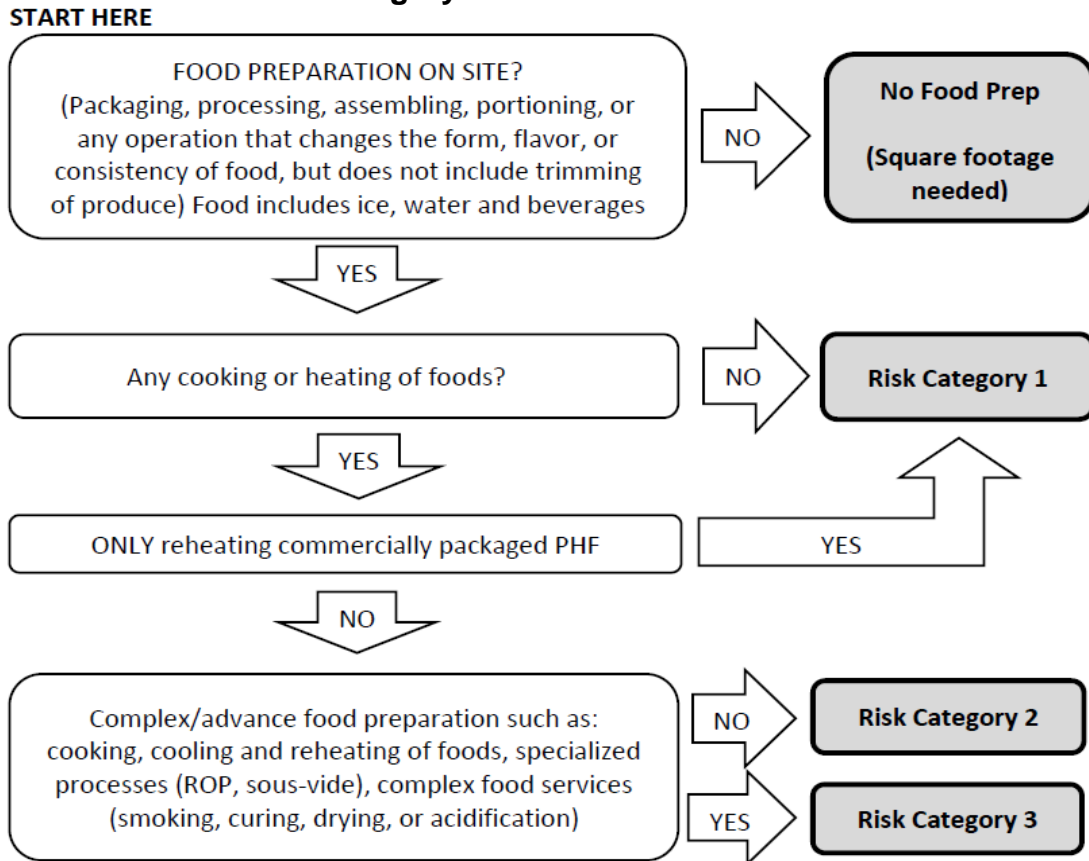
OFFICE USE ONLY:	SR0	PR0	FA0
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The items listed below are specialized processes and many require additional permits/approval from other jurisdictions. Please contact the respective agencies directly for further information.

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"/> Other specialized preparation: _____ |
| <input type="checkbox"/> Drying | _____ |
| <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