



Food Safety Program

2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205

PERMITTING APPLICATION Change of Ownership

INSTRUCTIONS:

This application is for new (changing) owners of food facilities where a different owner held a food permit within the past 6 months. Print neatly and complete all sections of application. Check all boxes that apply. If any section of the checklist is not applicable, mark "N/A" in question box. Please provide as accurate information as possible to help streamline the permitting process so that your facility can open and operate with a valid food permit as soon as possible.

Reminder: Food permits are not transferable by address, owner or change of classification. Any change of address, owner or classification shall require a new food permit. **Be advised, facility cannot open and operate until the change-of-ownership inspection has been completed and a new food permit is issued.**

All Applications must include:

1. Signed and completed Change of Ownership Application
2. Proposed menu or list of food items to be prepared and sold
3. Proof of applying for or received a sales and use tax license
4. Payment of the Change of Ownership Application fee, \$85. Checks and money orders must be made payable to the "**Treasurer of Allegheny County.**"

Send the application, supporting documents, and fee to the:

Allegheny County Health Department, Food Safety Program
2121 Noblestown Road, Suite 210
Pittsburgh, PA 15205

All material must be submitted at least 14 days prior to the proposed date of operation start. Failure to provide all required information could delay your application.

Please answer the following questions:

- | | | |
|---|-----------------------------|------------------------------|
| 1. Has the facility been closed for business for 6 months or more?..... | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 2. Are you moving or removing any plumbing fixtures? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 3. Are you changing or replacing any equipment? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 4. Are you changing or renovating the layout of the kitchen and/or bar? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 5. Are you changing the concept/menu of the food business? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

If you answered **YES** to any of the above questions, additional details may be required.

For questions about this application, email the Allegheny County Health Department (ACHD) Food Safety Program at foodsafety@alleghenycounty.us or call at 412-578-8044.

OFFICIAL USE ONLY

Date Received: _____ Municipality: _____ Check #: _____
Application No.: _____ Assigned to: _____ Receipt #: _____

New Owner Business Information		
Name of Food Facility (DBA):		Food Facility Phone:
Food Facility Location/Address:		
City:	State:	Zip Code:
Legal Name for Corporation or LLC (proposed food permit holder):		
Business Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Job Title of Contact Person:	
Contact Person Email:		Contact Person Phone:

Previous Owner Food Facility Information (if known)	
Name of Previous Food Facility (DBA):	
Client ID#:	Facility Concept (Ex: Ice cream, BBQ, Pizza):
Food Facility Address on the Previous Permit:	

Sales and Use Tax License Verification
<p><input type="checkbox"/> Business or sole proprietor has applied for and/or received a sales and use tax license from the Pennsylvania Department of Revenue. A copy of the sales tax license or proof of application is required with this application.</p> <p>Note: For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue.</p> <p><input type="checkbox"/> I have determined that my business is exempt from the collection of sales tax. I certify the facility is compliant with the PA Department of Revenue rules and regulations. All applicable supporting documentation is attached.</p>

Food Handling Operations		
Mark "Yes" or "No" for the food operations described below.	YES	NO
Complex food preparation with TCS foods (Store-Prepare-Cook-Cool-Reheat-Hot Hold-Serve)		
Specialized food preparation process such as curing, dehydrating, fermentation, acidification, vacuum packaging, or sous vide cooking		
Reheating of food items previously cooked and cooled in your facility		
Changing or modifying a TCS food to a non-TCS food		
Use Time as a Public Health Control for TCS foods		
Food preparation with no cook step (Store-Prepare-Serve)		
Prepare food for same day service (Store-Prepare-Cook-Serve)		
Reheating of commercially processed foods		
Cooling prepared foods from ambient temperatures (examples: salsa, tuna salad)		
Washing and packaging/wrapping fruits or vegetables intended immediate consumption.		
Repackage bulk food items into consumer packaging.		
Serve or provide opened beverage containers		
Provide commercially processed and packaged TCS foods in original packaging. Packaging opened by the consumer. (Receive-Store-Hold)		
Provide milk, eggs, cheese, meats, or poultry food items		
A Banquet Hall that provides kitchen facilities and equipment to renters		
Provide seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes.		
Provide commercially processed and packaged non-TCS foods in original packaging. Packaging opened by the consumer. (Receive-Store-Hold)		
Offer unopened bottled or canned beverages		
Offer unopened snacks (examples: chips, canned soda, cookies, candies)		

For more information about food facility classification, please use the [Classification Flow Chart](#) or visit alleghenycounty.us/FoodSafety.

Facility Operation Information

General Plumbing:

Does your facility have a grease trap or grease interceptor installed? ☐ NO ☐ YES

If yes, provide location. _____

Note: Grease trap/interceptor cleaning records shall be kept and maintained.

Does your facility have a food preparation sink installed? ☐ NO ☐ YES

Does your facility have a service sink, mop sink, or utility sink installed? ☐ NO ☐ YES

If yes, please provide location: _____

Will there be any work involving plumbing, such as adding, removing, replacing, or relocating fixtures? ☐ NO ☐ YES

If yes, submit the plumber's name: _____

Note: If any plumbing deficiencies are discovered during the change of ownership inspection, correction of the deficiencies will be required either before or within a specified timeframe after the permit is issued. All plumbing work must be completed by a Registered Master Plumber, who is responsible for filing plans with the ACHD Plumbing Program. The food facility owner is responsible for assuring a final plumbing inspection and approval has been obtained from the ACHD Plumbing Program.

Toilet Rooms:

Number of toilet rooms: _____

Is there a toilet room accessible to the public that does not pass through any food storage, food preparation, or ware washing areas? ☐ NO ☐ YES

Is there a separate employee toilet room? ☐ NO ☐ YES

Number of seats requested: _____

Anticipated number of staff per shift (food workers, delivery drivers, managers, etc.): _____

Note: If no toilet restrooms are available or only one single-occupant unisex toilet room is available to the public and seating is available, additional information or variance may be required. Variances are non-transferrable from owner-to-owner.

Sanitizer:

What type of sanitizer(s) will be in-use in the facility? List information below.

Facility Operating Information

Employees & Staffing:

Anticipated new facility start date? _____

Attach a copy of the new or existing menu.

Provide anticipated hours of operation:

Who is or will be the Certified Food Protection Manager on staff? _____

Note: Unless business is exempt from requirement, a Certified Food Protection Manager is required no later than 90 days after issuance of food permit (Article III, Section 325).

Do you have written policies and procedures for the following items:

- | | | | |
|---|-----------------------------|------------------------------|------------------------------|
| • Vomit and diarrheal events and clean-up: | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| • Worker restriction and exclusion: | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |
| • Time as Public Health Control: | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| • Non-continuous cooking of animal-derived foods: | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| • HACCP Plans: | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| • Major food allergen control plans: | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |

Note: Food facility operators shall develop and maintain records and policies in accordance with ACHD Food Safety Rules & Regulations, Article III, Section 326.

Structural Details:

Does the facility have a basement? _____

If yes, do you have access to the basement? _____

Does the facility have an open-air feature (such as a garage door or window opening to the outside)?

☐ NO ☐ YES

If yes, what is your plan for pest control?

Equipment List				
List the type, make, and model number for all food service equipment. Attach an additional sheet or a separate list of equipment if needed.				
All equipment must be designed and constructed in accordance with the criteria in ACHD Food Safety Rules & Regulations, Article III, Sections 307 and 308. If manufacturer and/or model number is unknown, then list the location of the equipment. It will be evaluated during the inspection.				
Please list equipment:				
Equipment	Location	Commercial?	Description	
List (include how many)	Example: Kitchen, Basement	Yes / No	Manufacturer	Model number
PLUMBING				
3-compartment sink				
Dishwasher				
Hand washing sinks				
Food preparation sink				
Utility sink				
REFRIGERATION				
COOKING				
HOT-HOLDING				
OTHER				
We recognize NSF, ETL Sanitation, UL EPH, or equivalent American National Standards Institute (ANSI) accredited program certifications that comply under ACHD Food Safety Rules & Regulations, Article III, Sections 307 and 308.				

As a representative of the new business owner, I understand and affirm that the facility must be brought into compliance with current Allegheny County Health Department Rules and Regulations and also acknowledge, upon any inspection, that if the facility is found to be out of compliance with applicable current codes and standards, the facility is subject to necessary upgrades. I recognize that changes may require submittal of construction plan(s) for review and approval if needed and understand that failure to make required changes may result in the withholding of the permit or enforcement.

I affirm that the above information is true to the best of my knowledge and belief and further acknowledge that current observed facility conditions and operations does not in any way indicate that those conditions and operations have been approved by the Allegheny County Health Department.

The undersigned hereby makes application for a permit to operate a Food Facility in the County of Allegheny.

Print Name**Title**

Signature**Date**

Note: Once this information is received and reviewed, the area inspector will contact you directly to coordinate a day and time for an on-site inspection.