



## Allegheny County Health Department Food Safety Program

2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205-3956  
phone: 412.578.8044 • fax: 412.578.8190 • [AlleghenyCounty.us/FoodSafety](http://AlleghenyCounty.us/FoodSafety)

### 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, the 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 (this form)
2. Proposed menu or list of food items to be prepared and sold
3. Proof of receiving or having applied for a sales and use tax license from the PA Department of Revenue
4. Payment of the Change of Ownership Application fee, \$95. Checks and money orders must be made payable to the "**Treasurer of Allegheny County.**"

Send the application, supporting documents, and fee to:

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.

**Answer the following questions before proceeding:**

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

If you answered **YES** to any of the above questions, then the [Permanent Food Facility Permit Application](#) will be required.

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

#### OFFICIAL USE ONLY

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

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

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

<b>Sales and Use Tax License Verification</b>	
<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.	
<b>Note:</b> For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue.	
<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.	

### Non-profit Status Information

ACHD Article III, § 302.3(D):

1. A tax-exempt organization under section 501(c)(3) of the Internal Revenue Code of 1986 (26 U.S.C.A. § 501(c)(3)).
2. A volunteer fire company or ambulance, religious, charitable, fraternal, veterans, civic, sportsmen, or a separately chartered auxiliary of an association on a nonprofit basis.
3. An organization that is established to promote and encourage participation and support for extracurricular recreational activities for youth of primary and secondary public, private and parochial school systems on a nonprofit basis.

Are you requesting nonprofit status?

YES       NO

If requesting non-profit status, then provide one of the following with your application:

- IRS Letter of Determination with EIN
- Letter or Statement from the PA Department of State with EIN
- A charter from a nonprofit organization to operate the facility
- Other (describe):  


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### Food Handling Operations

Mark "Yes" or "No" for the food operations described below.	YES	NO
Cooling of foods previously cooked in your facility for later use		
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 perishable food to a shelf stable food		
Use Time as a Public Health Control for foods that normally require refrigeration or hot holding		
Food preparation with no cook step including opening of manufacturers packaging for service (Store-Prepare-Serve)		
Cooking food for same day service (Store-Prepare-Cook-Serve)		
Reheating of commercially processed food		
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 (examples: coffee, draft beer, slushies)		

Food Handling Operations		
Mark "Yes" or "No" for the food operations described below.	YES	NO
Provide commercially processed and packaged foods which require refrigeration 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 and caterers		
Provide seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes		
Provide commercially processed and packaged foods which do not require refrigeration for safety 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](http://alleghenycounty.us/FoodSafety).

Facility Information			
Are you doing any construction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, what areas of the facility are being remodeled? (Check all that apply.)			
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Customer area	<input type="checkbox"/> Bathrooms	<input type="checkbox"/> Storage
<input type="checkbox"/> Other, describe: _____			
<b>Employees &amp; Staffing:</b>			
Anticipated new facility start date? _____			
Provide anticipated hours of operation: _____ _____			
Attach a copy of the new or existing menu.			
Who is or will be the Certified Food Protection Manager on staff? _____			
<b>Note:</b> 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).			

**Facility Information****Employees & Staffing (continued):**

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

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Vomit and diarrheal events and clean-up:                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                              |
| 2. Worker restriction and exclusion:                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                              |
| 3. Time as Public Health Control:                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 4. Non-continuous cooking of animal-derived foods:          | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 5. Hazard Analysis of Critical Control Point (HACCP) Plans: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 6. Major food allergen control plans:                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <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.

**Sanitizer:**

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

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**Structural Details:**

Does the facility have a basement?  YES  NO

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)?  YES  NO

If yes, what is your plan for pest control?

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**Facility Information****Plumbing:**

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

If yes, provide location. \_\_\_\_\_

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

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

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

If yes, please provide location: \_\_\_\_\_

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

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:**

Is there a separate employee toilet room?  YES  NO

Is there a toilet room accessible to the public?  YES  NO

If yes, do customers pass through any food storage, food preparation, or ware washing areas to access the toilet room?  YES  NO

How many toilet rooms are for customers? \_\_\_\_\_

How many customer dining seats are present? \_\_\_\_\_

How many staff are present 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 may be required. Variances are non-transferrable between owners.

**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.

**\*Equipment certified by NSF, ETL Sanitation, UL EPH, or equivalent American National Standards Institute (ANSI) accredited program certifications comply under ACHD Food Safety Rules & Regulations, Article III, Sections 307 and 308.**

**Please list equipment:**

<b>Equipment Type (include how many)</b>	<b>Location (Example: Kitchen, Basement)</b>	<b>Newly Installed Equipment? (Yes / No)</b>	<b>*Commercial? (Yes / No)</b>	<b>Description</b>	
				<b>Manufacturer</b>	<b>Model number</b>

**PLUMBING**

3-compartment sink					
Dishwasher					
Hand washing sinks					
Food preparation sink					
Utility sink					

**REFRIGERATION**


**COOKING**


**HOT-HOLDING**


**OTHER**

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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. I 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.

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<b>Print Name</b>	<b>Title</b>
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<b>Signature</b>	<b>Date</b>
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**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.