



CHANGE OF OWNERSHIP APPLICATION

HEALTH PERMITS ARE NOT TRANSFERABLE

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT AFTER ACQUIRING LEASE OR CLOSE OF ESCROW

FACILITY INFORMATION

Select One:
Date lease was acquired/completed:
Date escrow closed:
First Date of Operation for New Facility:
Former Facility Name:
New Facility Name:
Phone Number:
Address:
City:
State:
Zip:

BUSINESS OWNER INFORMATION

New Legal Owner:
Phone Number:
Email Address:
Mailing Address:
City:
State:
Zip:

BILLING INFORMATION

Last Name:
First Name:
Billing Address:
City:
State:
Zip:

FACILITY DETAILS

CHECK ALL THAT APPLY:

Existing Equipment

Three-Compartment Sink
Two-Compartment Sink
Dish Machine
Prep sink drainboard (produce sink)
Mop sink
Pre-Rinse sink
Handwashing sinks
Number of sinks:
Location(s) of handwashing sinks:

NOTE: SEE EXAMPLES OF SINKS ON PAGE 4.

Water Heater

Gas (BTU) Rating:
Tankless:
Electric (kW) Rating:
Quantity of tankless heaters:

NOTE: SEE EXAMPLES OF WATER HEATER DATA LABELS ON PAGE 5.

Approved Water Source

Public Water System:
Water Purveyor Name (required):
Onsite Well

For additional information call Environmental Health Services (EHS) at (800) 442-2283 or visit: State Water Resources Control Board Drinking Water Program.

NOTE: A TECHNICAL, MANAGERIAL AND FINANCIAL (TMF) ASSESSMENT IS REQUIRED FOR A CHANGE OF OWNERSHIP. SB1263 REGULATIONS MUST BE MET FOR NEW WELL/WATER SYSTEMS.

Wastewater

Sewer
Sewer Company Name (required):
Septic/Onsite Wastewater Treatment System (OWTS)
Submit an OWTS Certification Form

Does the facility have a grease interceptor? Yes No

For additional information call (800) 442-2283 and request to speak with a wastewater specialist.

FACILITY DETAILS, *continued*

| | | |
|--|-----------------|--|
| Has the facility been closed for more than six months? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the proposed menu the same as the former facility's menu? Attach a copy of the proposed menu. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the facility have soft serve machines? If yes, how many: _____ If yes, submit an Application for Semi-frozen Milk Products Plant License | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the facility have employee restrooms? If yes, how many: _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the facility have customer restrooms? If yes, how many: _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the facility have seats available for dine-in? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Seating Capacity: | Square Footage: | Maximum Number of Employees per Shift: |

PROPOSED CHANGES AND/OR REPAIRS

| | |
|--|--|
| Has the facility had any changes or repairs to equipment, floors, walls, ceiling, storage areas or the dining area since the new business owner has assumed ownership/lease? If yes, describe below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Description of changes:

DECLARATION AND SIGNATURE

ALL FEES ARE DUE AND PAYABLE PRIOR TO THE FIRST DAY OF OPERATION.

Make checks payable to: SAN BERNARDINO COUNTY

Application and fee must be submitted prior to operation by any new owner. Failure to pay within 30 days of the first day of operation will result in the assessment of a delinquent fee.

Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

I shall notify this agency in writing if I transfer ownership, discontinue operation or change billing address. Failure to do so may result in obligation to pay health services fees and additional penalties.

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT to establish and/or operate the above-mentioned business, use, or services in accordance with the laws, ordinances and regulations that are now or may hereinafter be in force by the United States government, the State of California, and San Bernardino County pertaining to the above-mentioned business. I hereby consent to all necessary inspections related to the issuance of this permit and operation of the business.

_____ **Initial** I understand that any construction, alteration or repair including, but not limited to, equipment changes or alterations, a menu change or change in facility's method of operation requires EHS review and approval.

Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.

Signature:

Date:

Print Name:

Title:

For Office Use Only

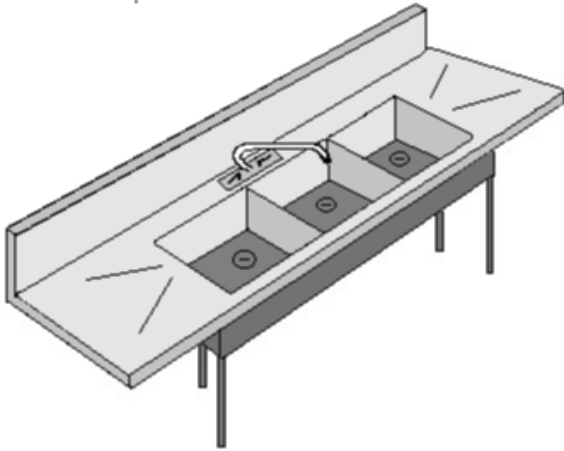
| | | |
|---|--------------|------------|
| Fee: | FA Number: | Record ID: |
| Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N | PE Number: | SR Number: |
| Assigned Employee: | Received By: | Date: |
| Designated Employee: | Contributor: | AR Number: |
| Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate | OW Number: | |

For Plan Check Use Only

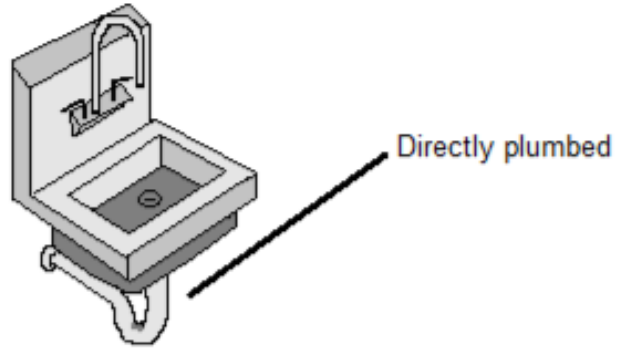
| | | |
|---|---|---------------------------------|
| <input type="checkbox"/> Approved/INVOICE | <input type="checkbox"/> Billable Field Consultation Required | <input type="checkbox"/> Denied |
| EHS Reviewer: | Date: | |
| PE(s) to bill for: | PE fee(s): | |
| Changes (specify): | | |

ATTACHMENT 1: SINK EXAMPLES

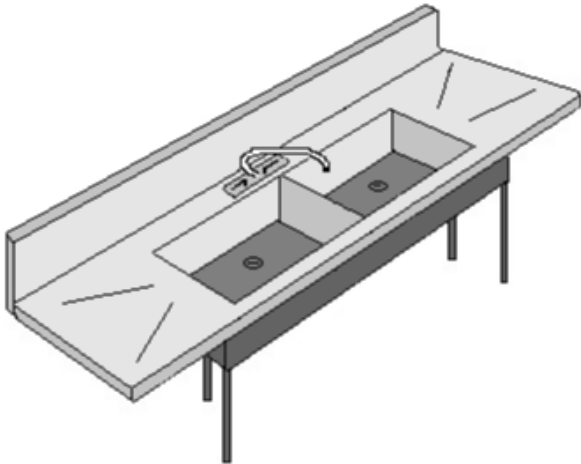
THREE-COMPARTMENT SINK



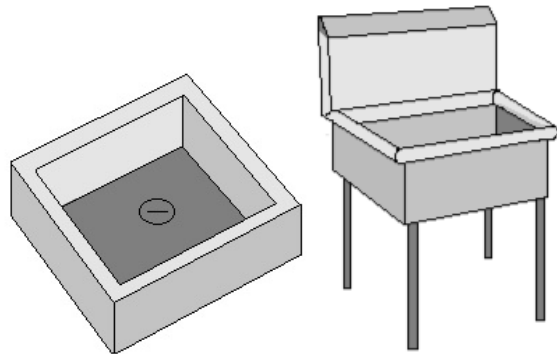
HANDWASHING SINK



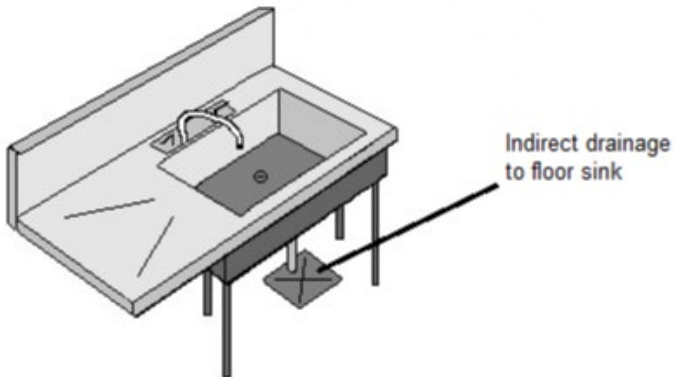
TWO-COMPARTMENT SINK



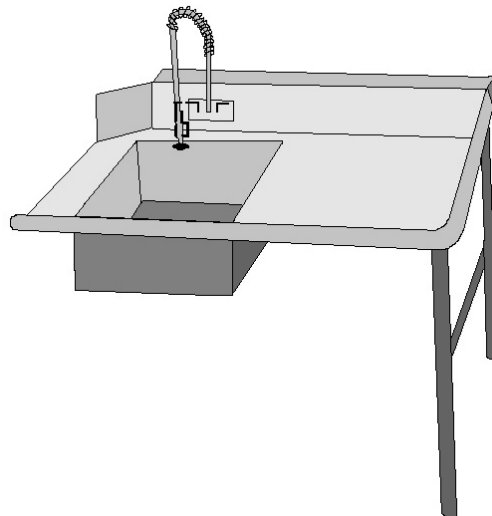
MOP SINK



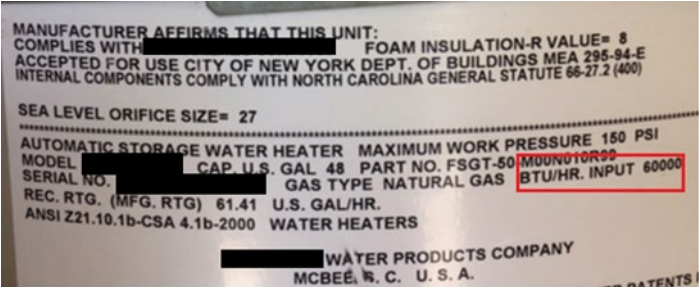
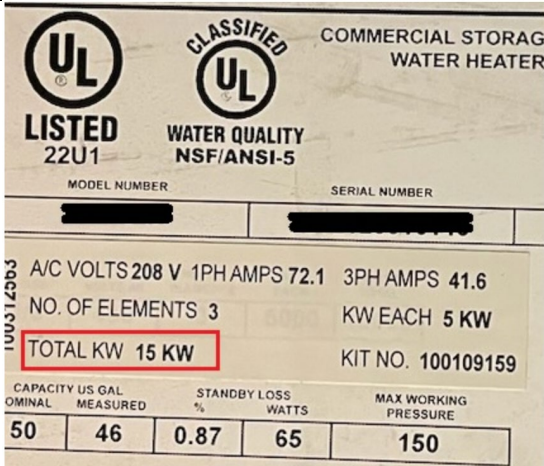
PREPARATION SINK



PRE-RINSE SINK



ATTACHMENT 2: WATER HEATER LABEL EXAMPLES

| TYPE OF HEATER | DATA LABEL | | | | | | | | | | | | | | | | |
|-------------------------------------|--|-----------------------|--------------|-------------|-----|----------|----------|----|-------|-----------------|------|-----|------|-----|-----|-----|-----|
| <p>Gas Water Heater</p> |  <p>MANUFACTURER AFFIRMS THAT THIS UNIT: COMPLIES WITH [REDACTED] FOAM INSULATION-R VALUE= 8 ACCEPTED FOR USE CITY OF NEW YORK DEPT. OF BUILDINGS MEA 295-94-E INTERNAL COMPONENTS COMPLY WITH NORTH CAROLINA GENERAL STATUTE 66-27.2 (400)</p> <p>SEA LEVEL ORIFICE SIZE= 27</p> <p>AUTOMATIC STORAGE WATER HEATER MAXIMUM WORK PRESSURE 150 PSI MODEL [REDACTED] CAP. U.S. GAL 48 PART NO. FSGT-50 [REDACTED] SERIAL NO. [REDACTED] GAS TYPE NATURAL GAS BTU/HR. INPUT 60000</p> <p>REC. RTG. (MFG. RTG) 61.41 U.S. GAL/HR. ANSI Z21.10.1b-CSA 4.1b-2000 WATER HEATERS</p> <p>[REDACTED] WATER PRODUCTS COMPANY MCBEE, B. C. U. S. A.</p> | | | | | | | | | | | | | | | | |
| <p>Electric Water Heater</p> |  <p>UL LISTED 22U1 CLASSIFIED WATER QUALITY NSF/ANSI-5 COMMERCIAL STORAGE WATER HEATER</p> <p>MODEL NUMBER [REDACTED] SERIAL NUMBER [REDACTED]</p> <p>A/C VOLTS 208 V 1PH AMPS 72.1 3PH AMPS 41.6 NO. OF ELEMENTS 3 KW EACH 5 KW TOTAL KW 15 KW KIT NO. 100109159</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CAPACITY US GAL</th> <th>STANDBY LOSS</th> <th colspan="2">MAX WORKING</th> </tr> <tr> <th>ORIGINAL</th> <th>MEASURED</th> <th>%</th> <th>WATTS</th> <th>PRESSURE</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>46</td> <td>0.87</td> <td>65</td> <td>150</td> </tr> </tbody> </table> | CAPACITY US GAL | STANDBY LOSS | MAX WORKING | | ORIGINAL | MEASURED | % | WATTS | PRESSURE | 50 | 46 | 0.87 | 65 | 150 | | |
| CAPACITY US GAL | STANDBY LOSS | MAX WORKING | | | | | | | | | | | | | | | |
| ORIGINAL | MEASURED | % | WATTS | PRESSURE | | | | | | | | | | | | | |
| 50 | 46 | 0.87 | 65 | 150 | | | | | | | | | | | | | |
| <p>Tankless Water Heater</p> | <p style="text-align: right;">Flow Rates</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Temperature Rise (°F)</th> <th>30</th> <th>40</th> <th>45</th> <th>50</th> <th>60</th> <th>70</th> <th>80</th> </tr> </thead> <tbody> <tr> <td>Flow Rate (GPM)</td> <td>11.1</td> <td>9.3</td> <td>8.4</td> <td>7.4</td> <td>6.2</td> <td>5.3</td> <td>4.6</td> </tr> </tbody> </table> | Temperature Rise (°F) | 30 | 40 | 45 | 50 | 60 | 70 | 80 | Flow Rate (GPM) | 11.1 | 9.3 | 8.4 | 7.4 | 6.2 | 5.3 | 4.6 |
| Temperature Rise (°F) | 30 | 40 | 45 | 50 | 60 | 70 | 80 | | | | | | | | | | |
| Flow Rate (GPM) | 11.1 | 9.3 | 8.4 | 7.4 | 6.2 | 5.3 | 4.6 | | | | | | | | | | |